

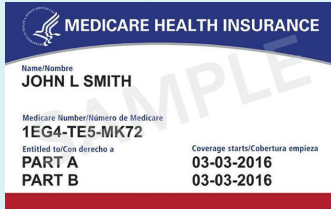
# Your Medicare Choices

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## Use Original Medicare

### Parts A & B (Original Medicare)

#### Part A: Hospital Insurance



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

#### Part B: Medical Insurance



Optional supplemental and drug coverage below



### Medigap

#### Medicare Supplement Insurance

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

### Part D

#### Prescription Drug Coverage

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

OR

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## Join and use a Medicare Advantage Plan

### Part C

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

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

Part D Drug Coverage is usually included

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

# Additional Resources

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

# Original Medicare: Part A & B

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

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

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

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

1. Medicare Part A due to a disability or End Stage Renal Disease (ESRD) is always premium-free. The credits needed to qualify (from you or a family member) depend on the age the disability started or when dialysis / kidney transplant occurred.  
Earning \$1,640 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

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
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouses:				
\$97,000 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:

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

## 2023 Medigap Plan Benefits and Coverage

Benefits for 2023	Plans Available to All Participants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>(1)</sup>	K	L	M	N	C	F <sup>(1)</sup>
Part A Hospital Inpatient Coinsurance days 61-90 (\$400/day), days 91-150 (\$800/day), and beyond that, an extra 365 days at 100%	•	•	•	•	•	•	•	•	•	•
Part B Coinsurance (20%)	•	•	•	•	50%	75%	•	copays apply <sup>(3)</sup>	•	•
Blood (First 3 Pints)	•	•	•	•	50%	75%	•	•	•	•
Part A Hospice Coinsurance (5% inpatient respite and \$5/prescription)	•	•	•	•	50%	75%	•	•	•	•
Part A Skilled Nursing Facility Coinsurance days 21-100 (\$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 <sup>(4)</sup>			•	•			•	•	•	•
Out-of-pocket limit in 2023 <sup>(2)</sup>					\$6,940 <sup>(2)</sup>	\$3,470 <sup>(2)</sup>				

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

<sup>(1)</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,700 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.

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

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

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

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

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

## 2023 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 14th, 2022 for 95054 via [insurance.ca.gov](https://insurance.ca.gov)

		Plan Letter									Plan Letter			
		Plans Available to All Participants									Medicare first eligible before 2020 only			
	Age	A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>	Rating *
Accendo Insurance Company (800) 264-4000 aetnaseniorproducts.com	<65	420			509					361		555		AA
	65	217			208					140		227		
	70	182			221					156		241		
	75	214			259					184		282		
	80	251			304					216		331		
(+ ) Blue Cross of California (800) 333-3883 anthem.com	<65	283			455					368		593		AA
	65	113			136					147		203		
	70	137			166					178		247		
	75	167			202					217		300		
	80	251			245					263		363		
(+ ) California Physicians Service (800) 248-2341 blueshieldca.com	<65	494	718		706		384			590	840	842	214	AA
	65	110	158		125		80			123	187	168	45	
	70	139	203		172		103			164	238	208	62	
	75	190	265		225		137			220	311	269	83	
	80	218	315		293		166			256	368	362	95	
Cigna health and Life Insurance Company (866) 459.4272 cigna.com	<65	295			318					244		390	99	AA
	65	130			140					102		172	44	
	70	159			171					124		210	53	
	75	193			208					151		255	65	
	80	224			241					180		296	75	
Colonial Penn Life Insurance Company (800) 523-9100 bankerslife.com	<65	256	328	298	374	70	126	251	3240	299		396	77	AA
	65	130	167	135	170	34	58	124	151	118		192	38	
	70	159	204	175	211	41	70	147	187	153		232	45	
	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 Company of Brentwood Tennessee (800) 264-4000 aetnaseniorproducts.com	<65	302	382		393					297		536		AA
	65	158	201		206					148		282	53	
	70	192	243		250					181		341	64	
	75	234	296		303					223		414	77	
	80	269	339		348					262		476	89	
Elips Life Insurance Company (855) 774-4491 lumico.com	<65	376			361	123				286		440		AA
	65	150			144	49				114		176		
	70	183			176	60				139		214		
	75	226			217	74				172		264		
	80	281			270	92				214		329		
Everence Association Inc (800) 348-7468 everence.com	<65	318			342					267		367		AA
	65	159			171					127		183		
	70	193			215					159		230		
	75	239			257					197		275		
	80	279			299					235		321		
First Health Life & Health Insurance Company (855) 369-4835 aetnaseniorproducts.com	<65	245	321		375					227		405		AA
	65	168	191		205					119		228		
	70	192	223		241					141		267		
	75	214	254		278					163		307		
	80	227	279		311					184		341		

## 2023 Medigap Sample Premiums (\$ / month)

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

	Age	Plan Letter									Plan Letter Medicare first eligible before 2020 only			Rating *
		Plans Available to All Participants									C	F	F <sup>(1)</sup>	
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N				
<b>Globe Life and Accident Insurance Company</b> (800) 801-6831 globecaremedsupp.com	<65	228	337		357					284	382	385		AA
	65	114	167		167	35				130	185	186	32	
	70	149	201		202	47				157	220	221	44	
	75	162	236		237	60				186	255	256	56	
	80	163	241		256	72				203	273	275	67	
<b>(+) Health Net Life Insurance Company</b> (800) 926-4178 healthnet.com	<65	237	292	308	312	167	178	2441	285	308	339	339	142	AA
	65	117	142	137	154	62	87	119	139	123	165	167	70	
	70	141	171	169	185	60	105	143	167	136	199	201	84	
	75	175	212	218	230	98	130	177	207		246	250	105	
	80	197	238	251	259	113	147	199	233		277	281	118	
<b>Humana Benefit Plan of Illinois</b> (888) 310-8482 humana.com	<65	299			365	119				311		408		AA
	65	158			168	55				131		193		
	70	165			173	60				136		201		
	75	192			208	72				167		237		
	80	225			251	83				208		284		
<b>Humana Insurance Company</b> (888) 310-8482 humana.com	<65	274	294		2812	82	154	224		226	375	381	92	AA
	65	149	162		169	45	70	101		98	206	210	50	
	70	178	193		202	54	100	145		146	246	251	60	
	75	210	229		239	63	119	172		173	291	297	71	
	80	243	264		276	73	137	199		200	337	343	82	
<b>Independence American Insurance Company</b> (866) 951-0679 independenceamerican.com	<65	495			530					396		551		AA
	65	130			131					111		163		
	70	160			165					129		194		
	75	196			210					159		238		
	80	243			265					196		294		
<b>Individual Assurance Co., Life, Health &amp; Accident</b> (888) 524-3629 iaclife.com	<65	295			372					327		450		AA
	65	169			182					155		230		
	70	191			206					175		257		
	75	219			243					207		299		
	80	244			282					242		344		
<b>Loyal American Life Insurance Company</b> (866) 459-4272 cignasupplementallbenefits.com	<65	291			324					238		406		AA
	65	168			166					120		217		
	70	198			197					141		253		
	75	228			233					167		295		
	80	256			272					197		342		
<b>Manhattan Life Assurance Company of America</b> (800) 877-7703 manhattanlife.com	<65	295			296					258		357		AA
	65	126			127					108		156		
	70	143			144					122		176		
	75	175			176					149		217		
	80	214			215					184		267		
<b>National Guardian Life Insurance Company</b> (800) 548-2962 nglic.com	<65	260			320					258		348		AA
	65	148			155					122		176		
	70	155			164					128		185		
	75	183			198					156		220		
	80	210			237					187		260		
<b>National Health Insurance Company</b> (888) 376-3300 natgenhealth.com	<65	365			408					322		478	140	AA
	65	146			163					129		191	56	
	70	158			176					139		207	61	
	75	190			213					168		249	73	
	80	224			250					197		293	86	

## 2023 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 14th, 2022 for 95054 via [insurance.ca.gov](https://insurance.ca.gov)

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

	Age	Plan Letter									Plan Letter			Rating *
		Plans Available to All Participants									Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>	
Oxford Life Insurance Company (800) 308-2318 oxfordlife.com	<65	319			254					287		470		AA
	65	199			152					137		256		
	70	236			164					161		303		
	75	280			199					191		357		
	80	307			227					221		409		
Physicians Life Insurance Company (800) 325-6300 physiciansmutual.com	<65	188			246					204		283		AA
	65	134			146					121		167		
	70	144			157					130		180		
	75	167			183					152		211		
	80	182			213					176		244		
State Farm Mutual Automobile Insurance Contact local agent statefarm.com	<65	220		334	335					256	403	407		AA
	65	92		122	122					93	169	171		
	70	116		155	155					118	213	215		
	75	135		185	185					142	247	249		
	80	151		211	211					164	277	280		
Transamerica Life Insurance Company (800) 797-2643 transamerica.com	<65	280	363	395	364		178	265	325	306	410	421		IA
	65	111	146	158	145		73	108	133	125	165	172		
	70	142	186	199	188		92	136	168	159	209	217		
	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 Company (800) 755-21377 unitedamerican.com	<65	252	343	441	426					335	503	542		AA
	65	128	164	191	178	37	108	153		142	217	222	37	
	70	162	211	250	233	50	143	202		187	278	285	50	
	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 Insurance Company (844) 606-0145 uhc.com	<65	188	263		249		99				317	318		CR
	65	97	135		128		51	89		108	162	163		
	70	119	166		157		62	110		133	200	201		
	75	188	263		249		99	175		211	317	318		
	80	188	263		249		99	175		211	317	318		
United World Life Insurance Company (800) 667-2937 mutualofomaha.com	<65	288			316					263		400		AA
	65	115			126	49				105		160		
	70	143			157	55				131		198		
	75	173			191	65				159		240		
	80	206			227	76				189		285		
USAA Life Insurance Co (800) 531-8000 usaa.com	<65	195			316					263		400		AA
	65	109			121					116		168		
	70	127			132					135		196		
	75	152			158					161		235		
	80	176			196					187		272		
Washington National Insurance Company (800) 852-6285 bankerslife.com	<65	317			339	85				275		373		AA
	65	127			136	34				110		149		
	70	164			175	41				142		181		
	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<sup>(1)</sup> and G<sup>(1)</sup>: High Deductible Plan F or G. See note above.

### \* Rating

CR: Community rated: same monthly "Base" premium regardless of age. Discounts apply until age 75.

IA: Issued age rated: premium is based on the age at which you have purchased the policy.

AA: Attained age rated: premium goes up as you age.

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

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



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# 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.



Mail Order Available



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



Plan Rating

Organization Name Telephone Website	Plan Name	Monthly Premium	Annual Deductible	Initial Coverage Period 30-day Pharmacy Cost <sup>2</sup>					Coverage Gap <sup>3</sup> Additional benefits	✉	¢	★
				Tier 1	Tier 2	Tier 3	Tier 4	ST / SCD				
<b>Anthem Blue Cross</b> 855-793-1938 <a href="http://shop.anthem.com/medicare">shop.anthem.com/medicare</a>	MediBlue Rx Standard	\$90.60	\$505	\$1	\$2	\$40	40%	25%	No	X		4.5
	MediBlue Rx Plus	\$94.50	\$0	\$1	\$4	\$47	50%	33%	No	X		4.5
<b>Blue Shield of California</b> 888-292-7591 <a href="http://blueshieldca.com/medicare">blueshieldca.com/medicare</a>	Rx Plus	\$96.50	\$505	\$1	\$12	\$43	47%	25%	No	X		3.5
	Rx Enhanced	\$172.50	\$0	\$2	\$7	\$43	42%	33%	No	X		3.5
<b>Cigna</b> 800-735-1459 <a href="http://cignamedicare.com">cignamedicare.com</a>	Saver Rx	\$12.70	\$505	\$0	\$10	\$40	50%	25%	No	X		3.5
	Secure Rx	\$28.40	\$505	\$1	\$6	\$28	50%	25%	No	X	¢	3.5
	Extra Rx*	\$67.70	\$100	\$4	\$10	\$45	50%	31%	Yes	X		3.5
<b>Clear Spring Health</b> 877-317-6082 <a href="http://clearspringhealthcare.com">clearspringhealthcare.com</a>	Premier Rx	\$15.10	\$505	\$1	\$5	\$42	45%	25%	No	X		2.5
	Value Rx	\$25.80	\$505	\$1	\$3	\$42	35%	25%	No	X	¢	2.5
<b>Elixir Insurance</b> 888-377-1439 <a href="http://elixirinsurance.com">elixirinsurance.com</a>	Elixir RxPlus	\$64.30	\$505	\$1	\$6	\$43	46%	25%	No	X		3.5
	Elixir RxSecure	\$65.10	\$505	\$1	\$4	15%	34%	25%	No	X		3.5
<b>Humana</b> 1-800-706-0872 <a href="http://humana.com/medicare">humana.com/medicare</a>	Walmart Value Rx Plan	\$44.50	\$505	\$0	\$2	15%	50%	25%	No	X		3.5
	Basic Rx Plan	\$52.30	\$505	\$0	\$1	20%	39%	25%	No	X		3.5
	Premier Rx Plan*	\$93.70	\$300	\$1	\$4	\$45	49%	28%	Yes	X		3.5
<b>Mutual of Omaha Rx</b> 800-961-9006 <a href="http://mutualofomaharx.com">mutualofomaharx.com</a>	Rx Essential	\$20.50	\$505	\$0	\$15	20%	48%	25%	No	X		2.5
	Rx Premier	\$81.70	\$505	\$1	\$10	\$45	45%	25%	No	X		2.5
	Rx Plus	\$104.60	\$505	\$1	\$5	20%	36%	25%	No	X		2.5
<b>SilverScript</b> 1-833-526-2445 <a href="http://aetnamedicare.com">aetnamedicare.com</a>	Smart Saver	\$4.50	\$505	\$2	\$15	25%	50%	25%	No	X		4.5
	Choice	\$29.60	\$505	\$2	\$7	17%	35%	25%	No	X	¢	4.5
	Plus	\$69.10	\$0	\$0	\$0	\$47	50%	33%	Yes	X		4.5
<b>UnitedHealthcare (AARP)</b> 888-867-5564 <a href="http://aarpmedicarerx.com">aarpmedicarerx.com</a>	Medicare Rx Walgreens	\$35.20	\$350	\$1	\$10	\$40	45%	27%	No	X		3.5
	Medicare Rx Saver Plus	\$50.70	\$505	\$1	\$4	18%	42%	25%	No	X		3.5
	Medicare Rx Preferred*	\$122.50	\$0	\$7	\$12	\$47	40%	33%	Yes	X		4.5
<b>WellCare</b> 866-859-9084 <a href="http://wellcare.com/PDP">wellcare.com/PDP</a>	Value Script*	\$8.30	\$505	\$0	\$5	\$44	47%	25%	No	X		3.5
	Classic	\$29.00	\$505	\$0	\$4	\$33	39%	25%	No	X	¢	3.5
	Medicare Rx Value Plus*	\$71.30	\$0	\$0	\$4	\$47	50%	33%	No	X		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.

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.

**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).



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2023\_PartD\_20221013

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage						
Plan name	AARP Medicare Advantage SecureHorizons Focus (HMO-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)
	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Aetna Medicare	Alignment Health Plan
Plan ID	H0543-193-0	H0543-230-0	H0543-029-0	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	<a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	<a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	<a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	<a href="https://www.aetnamedicare.com/">https://www.aetnamedicare.com/</a>	<a href="https://www.aetnamedicare.com/">https://www.aetnamedicare.com/</a>	<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>
Non-members	1-800-555-5757	1-800-555-5757	1-800-555-5757	1-833-859-6031	1-833-859-6031	1-888-979-2247
Members	1-866-261-7709	1-866-261-7709	1-866-261-7709	1-833-570-6670	1-833-570-6670	1-866-634-2247
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 & Provider):	PMGSJ	PMGSJ	PMGSJ, PAMF Camino, ECHMC, PAMF Alameda Contra Costa Palo Alto, PAMF San Carlos	Aetna Direct Northern Ca, Affinity South Bay, B&TP, JMMG, NP, OMG	JMMG, B&TP, NP, OMG, SCCIPA, PAMF, Sutter EBMGDD, PMGSJ, Sutter EBMF	BMG, TCMG, OMG
HEALTH PREMIUM:	\$0.00	\$18.60	\$67.30	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$58.40	\$51.70	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$77.00	\$119.00	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$200.00	\$355.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$3,000 In-network	\$5,900 In-network	\$6,700 In-network	\$2,900 In-network	\$2,900 In-network	\$1,999 In-network
BENEFITS & COSTS:						
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$35 copay
Specialist visit	\$0 copay	\$10 copay per visit	\$10 copay per visit	\$0 copay	\$0 copay	\$35 copay
TESTS, LABS, & IMAGING:						
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	\$0-50 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	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit	\$125 copay per visit	\$125 copay per visit	\$120 copay per visit
Urgent care	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit	\$0 copay	\$0 copay	\$0 copay
HOSPITAL SERVICES:						
Inpatient hospital coverage	\$175 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$390 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$390 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$175 per day for days 1 through 4 \$0 per day for days 5 through 90	\$300 per day for days 1 through 7 \$0 per day for days 8 through 90	\$0 per day for days 1 through 4 \$100 per day for days 5 through 10 \$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 \$196 per day for days 21 through 36 \$0 per day for days 37 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 51 \$0 per day for days 52 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 55 \$0 per day for days 56 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$50 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$225 copay	\$250 copay	\$250 copay	\$175 copay	\$175 copay	\$115 copay
THERAPY SERVICES:						
Occupational therapy visit	\$0 copay	\$10 copay	\$10 copay	\$0 copay	\$0 copay	\$0 copay
Physical therapy & speech & language therapy visit	\$0 copay	\$10 copay	\$10 copay	\$0 copay	\$0 copay	\$35 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$15 copay	\$15 copay	\$15 copay	\$10 copay	\$10 copay	\$35 copay
Outpatient individual therapy with a psychiatrist	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$35 copay
Outpatient group therapy visit	\$15 copay	\$15 copay	\$15 copay	\$10 copay	\$10 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	\$0 copay	\$0 copay	\$0 copay	In-network: \$10 copay	In-network: \$10 copay	50% coinsurance
OTHER SERVICES:						
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	\$0 copay	Not covered	\$0 copay	\$0 copay
Cleaning	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Dental x-rays	\$0 copay	\$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	Not covered	Not covered	Not covered	Some coverage	Some coverage	Some coverage
Acupuncture	Not covered	Not covered	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	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	Some coverage	Not covered	Not covered	Some coverage	Some coverage	Not covered
Over the counter drug benefits	Some coverage	Not covered	Not covered	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage

2023 Part C Medicare Advantage Part D Prescription Drug Coverage						
Plan name	AARP Medicare Advantage SecureHorizons Focus (HMO-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)
	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Aetna Medicare	Alignment Health Plan
COSTS BY DRUG TIER						
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.	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	\$200.00	\$355.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial 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	\$12.00 copay	\$12.00 copay	\$12.00 copay	\$0.00 copay	\$0.00 copay	\$3.00 copay
Tier 3: Preferred Brand	\$47.00 copay	\$47.00 copay	\$47.00 copay	\$42.00 copay	\$42.00 copay	\$40.00 copay
Tier 4: Non-Preferred Drug	\$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%	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
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	25%
Tier 2: Generic	\$12.00 copay	\$12.00 copay	\$12.00 copay	\$0.00 copay	\$0.00 copay	25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs	—	—	—	—	—	\$3.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 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)	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	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)	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	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)	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	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)	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	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)	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	—	—	—	—	—	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
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.	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:	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, chemotherapy, or other shots.
Chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Contracted Medical Groups (verify with Plan & Provider):		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 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: 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 / PMGSJ: Primary 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 contact plan



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.

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from [medicare.gov](https://www.medicare.gov) and plan changes linked from [medicare.gov](https://www.medicare.gov)

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage												
Plan 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)	
	Alignment Health Plan		Alignment Health Plan		Alignment Health Plan		Alignment Health Plan		Alignment Health Plan		Anthem Blue Cross	
Plan ID	H3815-031-0		H3815-007-0		H3815-034-0		H3815-036-0		H3815-020-0		H0544-108-0	
Star rating	4 Stars		4 Stars		4 Stars		4 Stars		4 Stars		3 Stars	
Plan website	<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>		<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>		<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>		<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>		<a href="https://www.alignmenthealthplan.com/">https://www.alignmenthealthplan.com/</a>		<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	
Non-members	1-888-979-2247		1-888-979-2247		1-888-979-2247		1-888-979-2247		1-888-979-2247		1-855-593-0898	
Members	1-866-634-2247		1-866-634-2247		1-866-634-2247		1-866-634-2247		1-866-634-2247		1-888-230-7338	
Plan address	1100 W Town and Country Rd Suite 1300, Orange, CA 92868		1100 W Town and Country Rd Suite 1300, Orange, CA 92868		1100 W Town and Country Rd Suite 1300, Orange, CA 92868		1100 W Town and Country Rd Suite 1300, Orange, CA 92868		1100 W Town and Country Rd Suite 1300, Orange, CA 92868		P.O. Box 659404, San Antonio, TX 78265	
Contracted Medical Groups (verify with Plan & Provider):	OMG, BMG		OMG, HMG, TCMG		OMG, HMG		BMG, HMG, OMG		SBMF		IHNCSG, SBMF, PAMF, CHCMSG, SMG, CPMG, DODMG, MHMG	
HEALTH PREMIUM:	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
DRUG PREMIUM:	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$49.00	
TOTAL MONTHLY PREMIUM:	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$49.00	
HEALTH DEDUCTIBLE:	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
DRUG DEDUCTIBLE:	\$0.00		\$0.00		\$0.00		\$505.00		\$0.00		\$0.00	
Maximum-out-of-Pocket	\$2,900 In-network		\$3,000 In-network		\$3,400 In-network		\$5,900 In-network		\$4,900 In-network		\$2,899 In-network	
BENEFITS & COSTS:												
DOCTOR SERVICES												
Primary doctor visit	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$5 copay per visit		\$0 copay	
Specialist visit	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$20 copay per visit		\$0 copay	
TESTS, LABS, & IMAGING:												
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 copay		\$0 copay		\$0 copay		\$0 copay		\$150 copay		\$0 copay	
Outpatient x-rays	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$15 copay		\$0 copay	
Emergency care	\$85 copay per visit		\$85 copay per visit		\$0 copay		20% coinsurance per visit		\$90 copay per visit		\$90 copay per visit	
Urgent care	\$0 copay		\$0 copay		\$0 copay		20% coinsurance per visit		\$0 copay		\$10 copay per visit	
HOSPITAL SERVICES:												
Inpatient hospital coverage	\$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									
Outpatient hospital coverage	\$200 copay per visit		\$200 copay per visit		\$0 copay		\$0 copay		\$325 copay per visit		\$0-200 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 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	
PREVENTATIVE SERVICES:												
Preventive services	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	
AMBULANCE:												
Ground ambulance	\$175 copay		\$175 copay		\$75 copay		20% coinsurance		\$250 copay		\$175 copay	
THERAPY SERVICES:												
Occupational therapy visit	\$0 copay		\$0 copay		\$0 copay		20% coinsurance		\$0 copay		\$0 copay	
Physical therapy & speech & language therapy visit	\$0 copay		\$0 copay		\$0 copay		20% coinsurance		\$0 copay		\$0 copay	
MENTAL HEALTH SERVICES:												
Outpatient group therapy with a psychiatrist	\$40 copay		\$40 copay		\$0 copay		20% coinsurance		\$40 copay		\$25 copay	
Outpatient individual therapy with a psychiatrist	\$40 copay		\$40 copay		\$0 copay		20% coinsurance		\$40 copay		\$25 copay	
Outpatient group therapy visit	\$0 copay		\$0 copay		\$0 copay		20% coinsurance		\$0 copay		\$25 copay	
Outpatient individual therapy visit	\$0 copay		\$0 copay		\$0 copay		20% coinsurance		\$0 copay		\$25 copay	
OPIOID TREATMENT PROGRAM SERVICES:												
Opioid treatment program services	20% coinsurance		20% coinsurance		20% coinsurance		20% coinsurance		20% coinsurance		\$25 copay	
OTHER SERVICES:												
Durable medical equipment	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	
Prosthetics	20% coinsurance per item		20% coinsurance per item		20% coinsurance per item		20% coinsurance		20% coinsurance		20% coinsurance	
Dialysis	\$30 copay		20% coinsurance per item		20% coinsurance per item		20% coinsurance		20% coinsurance		20% coinsurance	
Diabetes supplies	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	
EXTRA BENEFITS:												
Hearing exam	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Fitting/evaluation	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Hearing aids - all types	\$0 copay		\$0 copay		\$0 copay		\$0 copay		Not covered		\$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	\$0 copay		\$0 copay		Not covered		\$0 copay		\$0 copay		\$0 copay	
Dental x-rays	\$0 copay		\$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		Some coverage		Some coverage		Not covered		Not covered	
Acupuncture	Some coverage		Some coverage		Some coverage		Some coverage		Not covered		Some coverage	
Massage therapy	Not covered		Not covered		Not covered		Some coverage		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	Some coverage		Some coverage		Some coverage		Some coverage		Not covered		Some coverage	
Over the counter drug benefits	Some coverage		Some coverage		Some coverage		Some coverage		Some coverage		Some coverage	
Worldwide emergency	Some coverage		Some coverage		Some coverage		Some coverage		Some coverage		Some coverage	

2023 Part C Medicare Advantage Part D Prescription Drug Coverage						
Plan 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)
	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Anthem Blue Cross
COSTS BY DRUG TIER						
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.	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	\$0.00	\$0.00	\$505.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial 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	\$3.00 copay	\$3.00 copay	\$3.00 copay	\$20.00 copay	\$5.00 copay	\$10.00 copay
Tier 3: Preferred Brand	\$40.00 copay	\$40.00 copay	\$40.00 copay	25%	\$40.00 copay	\$47.00 copay
Tier 4: Non-Preferred Drug	\$93.00 copay	\$100.00 copay	\$100.00 copay	25%	\$100.00 copay	\$100.00 copay
Tier 5: Specialty Tier	33%	33%	33%	25%	33%	33%
Tier 6: Select Care Drugs	\$3.00 copay	\$5.00 copay	\$5.00 copay	\$5.00 copay	\$5.00 copay	—
	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic	25%	25%	25%	25%	25%	\$0.00 copay
Tier 2: Generic						25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs	\$3.00 copay	\$5.00 copay	\$5.00 copay	25%	\$5.00 copay	—
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 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)	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
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)	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)	\$4.15 copay or 5% (whichever costs more)
Tier 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)	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)	\$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)	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)	\$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)	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)	\$10.35 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 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)	—
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.	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:	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, chemotherapy, 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 (verify with Plan & Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton 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: 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 / PMGSJ: Primary 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 contact plan



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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This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from [medicare.gov](https://www.medicare.gov) and plan changes linked from [medicare.gov](https://www.medicare.gov)



2023 Part C Medicare Advantage HMO Plans with 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)
	Anthem Blue Cross		Anthem Blue Cross		Blue Shield of California		Brand New Day	
Plan ID	H0544-121-2		H0544-110-0		H0504-047-0		H0838-051-1	
Star rating	3 Stars		3 Stars		4 Stars		3 Stars	
Plan website	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>		<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>		<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>		<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	
Non-members	1-855-593-0898		1-855-593-0898		1-888-534-4263		1-888-683-1881	
Members	1-800-499-2793		1-888-230-7338		1-800-499-2793		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	
Contracted Medical Groups (verify with Plan & Provider):	Caremore Health Ca, Caremore PMGSJ, Caremore CA IPA, Caremore NCPN, AMG		B&TP, SMG, IHNCSC, RMG NWOC SCC, ON/ACS		Caremore Health Ca, Caremore PMGSJ, Caremore CA IPA, Carmore NCPN, AMG, PMG, ACH		SCC IPA, PMGSJ, B&TP, HPEB	
HEALTH PREMIUM:	\$0.00		\$0.00		\$12.80		\$0.00	
DRUG PREMIUM:	\$0.00		\$0.00		\$41.20		\$0.00	
TOTAL MONTHLY PREMIUM:	\$0.00		\$0.00		\$54.00		\$0.00	
HEALTH DEDUCTIBLE:	\$0.00		\$0.00		\$0.00		\$0.00	
DRUG DEDUCTIBLE:	\$0.00		\$505.00		\$0.00		\$0.00	
Maximum-out-of-Pocket	\$3,400 In-network		\$7,550 In-network		\$2,899 In-network		\$3,500 In-network	
BENEFITS & COSTS: DOCTOR SERVICES								
Primary doctor visit	\$0 copay		20% coinsurance per visit		\$0 copay		\$0 copay	
Specialist visit	\$0-35 copay per visit		20% coinsurance per visit		\$0-20 copay per visit		\$0 copay	
TESTS, LABS, & IMAGING:								
Diagnostic tests & procedures	\$0 copay		20% coinsurance per visit		\$0 copay		\$0 copay	
Lab services	\$0 copay		20% coinsurance per visit		\$0 copay		\$0 copay	
Diagnostic radiology services (like MRI)	\$0-150 copay		20% coinsurance per visit		\$0-150 copay		\$50 copay	
Outpatient x-rays	\$0-5 copay		20% coinsurance per visit		\$0 copay		\$0 copay	
Emergency care	\$120 copay per visit		\$90 copay per visit		\$120 copay per visit		\$125 copay per visit	
Urgent care	\$20 copay per visit		\$60 copay per visit		\$20 copay per visit		\$0 copay	
HOSPITAL SERVICES:								
Inpatient hospital coverage	\$200 per day for days 1 through 5 \$0 per day for days 6 through 90		\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90		\$150 per day for days 1 through 5 \$0 per day for days 6 through 90		\$100 per day for days 1 through 5 \$0 per day for days 6 through 90	
Outpatient hospital coverage	\$0-135 copay per visit		20% coinsurance per visit		\$0-125 copay per visit		\$200 copay per visit	
SKILLED NURSING FACILITY:								
Skilled nursing facility	\$0 per day for days 1 through 20 \$125 per day for days 21 through 100		\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100		\$0 per day for days 1 through 20 \$100 per day for days 21 through 100		\$0 per day for days 1 through 20 \$120 per day for days 21 through 100	
PREVENTATIVE SERVICES:								
Preventive services	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
AMBULANCE:								
Ground ambulance	\$195 copay		20% coinsurance		\$195 copay		\$275 copay	
THERAPY SERVICES:								
Occupational therapy visit	\$20 copay		20% coinsurance		\$20 copay		\$10 copay	
Physical therapy & speech & language therapy visit	\$0-20 copay		20% coinsurance		\$0-20 copay		\$10 copay	
MENTAL HEALTH SERVICES:								
Outpatient group therapy with a psychiatrist	\$0-35 copay		20% coinsurance		\$0-20 copay		\$30 copay	
Outpatient individual therapy with a psychiatrist	\$0-35 copay		20% coinsurance		\$0-20 copay		\$30 copay	
Outpatient group therapy visit	\$0-35 copay		20% coinsurance		\$0-20 copay		\$30 copay	
Outpatient individual therapy visit	\$0-35 copay		20% coinsurance		\$0-20 copay		\$30 copay	
OPIOID TREATMENT PROGRAM SERVICES:								
Opioid treatment program services	\$35 copay		20% coinsurance		\$30 copay		\$0 copay	
OTHER SERVICES:								
Durable medical equipment	0-20% coinsurance per item		0-20% coinsurance per item		0-20% coinsurance per item		0-20% coinsurance per item	
Prosthetics	0-20% coinsurance per item		20% coinsurance		0-20% coinsurance per item		20% coinsurance per item	
Dialysis	20% coinsurance		20% coinsurance		\$0 copay		10-20% coinsurance per item	
Diabetes supplies	20% coinsurance		\$0 copay		20% coinsurance per item		\$0 copay	
EXTRA BENEFITS:								
Hearing exam	\$0 copay		20% coinsurance		\$0 copay		\$0 copay	
Fitting/evaluation	\$0 copay		\$0 copay		\$0 copay		Not covered	
Hearing aids - all types	\$0 copay		\$0 copay		\$0 copay		Not covered	
Oral exam	Not covered		\$0 copay		Not covered		\$0 copay	
Cleaning	Not covered		\$0 copay		Not covered		\$0 copay	
Fluoride treatment	Not covered		\$0 copay		Not covered		\$0 copay	
Dental x-rays	Not covered		\$0 copay		Not covered		\$0 copay	
Routine eye exam	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Contact lenses	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Eyeglasses frames only	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Eyeglasses lenses only	\$0 copay		\$0 copay		\$0 copay		\$0 copay	
Chiropractic services	Some coverage		Not covered		Not covered		Some coverage	
Acupuncture	Not covered		Some coverage		Not covered		Some coverage	
Massage therapy	Not covered		Not covered		Not covered		Not covered	
Alternative therapies	Not covered		Some coverage		Not covered		Not covered	
Fitness benefit	Some coverage		Some coverage		Some coverage		Some coverage	
Transportation services	Some coverage		Some coverage		Some coverage		Not covered	
Over the counter drug benefits	Some coverage		Some coverage		Some coverage		Some coverage	
Worldwide emergency	Some coverage		Some coverage		Some coverage		Some coverage	

2023 Part C Medicare Advantage 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)
	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Blue Shield of California	Brand New Day	Brand New Day
COSTS BY DRUG TIER						
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.	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	\$0.00	\$50.00	\$0.00
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%	33%	32%	33%
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	Gap coverage phase
Tier 1: Preferred Generic	25%	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	25%	25%	\$9.50 copay	25%	25%	25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
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)
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.	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:	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, chemotherapy, 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	20% coinsurance	20% coinsurance	20% coinsurance
Contracted Medical Groups (verify with Plan & Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton 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: 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 / PMGSJ: Primary 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 contact plan



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

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug 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)
	CCA Health California	Central Health Medicare Plan	Central Health Medicare Plan	Essence Healthcare	Essence Healthcare	Essence Healthcare
Plan ID	H1426-002-0	H5649-020-1	H5649-021-2	H2986-008-0	H2986-002-0	H2986-001-0
Star rating	Not enough data available	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars
Plan website	<a href="http://ccahealthca.org/become-a-member">http://ccahealthca.org/become-a-member</a>	<a href="http://www.centralhealthplan.com/">http://www.centralhealthplan.com/</a>	<a href="http://www.centralhealthplan.com/">http://www.centralhealthplan.com/</a>	<a href="http://www.essencehealthcare.com/">http://www.essencehealthcare.com/</a>	<a href="http://www.essencehealthcare.com/">http://www.essencehealthcare.com/</a>	<a href="http://www.essencehealthcare.com/">http://www.essencehealthcare.com/</a>
Non-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
Members	1-866-333-3530	1-866-314-2427	1-866-314-2427	1-855-996-8422	1-855-996-8422	1-855-996-8422
Plan 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
Contracted Medical Groups (verify with Plan & Provider):	Individual Practice Association Medical Group Santa Clara County, Medical Group of Santa Clara County, Physician Partners IPA, SMG, Premier Care Northern CA	Santa Clara Senior Medical Group	Sannta Clara Senior Medical Group	TCMG, HAMG, BACH, CHMG, SCMG, JTMG, Vituity, FCHI, BAPCI, IUC, CCCMA, BMG, ECMA, AleraCare	PAMF Mills Peninsula Medical Group	PAMF, SCCIPA, SM&A, Sutter EBMF
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$34.50	\$0.00	\$30.00	\$79.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$34.50	\$0.00	\$30.00	\$79.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-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
BENEFITS & COSTS:						
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$0 copay	\$25 copay per visit	\$35 copay per visit	\$20 copay per visit
TESTS, LABS, & IMAGING:						
Diagnostic tests & procedures	\$0 copay	\$0 copay	\$0 copay	0-20% coinsurance	\$0-45 copay	\$0-25 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$10 copay
Diagnostic radiology services (like MRI)	\$0 copay	\$0 copay	20% coinsurance	0-20% coinsurance	\$0-210 copay	\$0-210 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	\$45 copay	\$45 copay	\$25 copay
Emergency 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
Urgent care	\$0 copay	\$0 copay	20% coinsurance per visit	\$35 copay per visit	\$35 copay per visit	\$35 copay per visit
HOSPITAL SERVICES:						
Inpatient 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
Outpatient hospital coverage	\$150 copay per visit	\$0 copay	20% coinsurance per visit	\$290 copay per visit	\$250 copay per visit	\$240 copay per visit
SKILLED NURSING FACILITY:						
Skilled nursing facility	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 per day for days 1 through 20 \$150 per day for days 21 through 100	\$0 per day for days 1 through 20 \$150 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$100 copay	\$0-40 copay	20% coinsurance	\$210 copay	\$210 copay	\$200 copay
THERAPY SERVICES:						
Occupational therapy visit	\$0 copay	\$0 copay	\$0 copay	\$30 copay	\$30 copay	\$20 copay
Physical therapy & speech & language therapy visit	\$0 copay	\$0 copay	\$0 copay	\$30 copay	\$30 copay	\$20 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$10 copay
Outpatient individual therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$20 copay
Outpatient group therapy visit	\$25 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$10 copay
Outpatient individual therapy visit	\$25 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$20 copay
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services	\$0 copay	\$0 copay	40% coinsurance	\$15 copay	\$30 copay	\$20 copay
OTHER SERVICES:						
Durable 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
Prosthetics	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
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
EXTRA BENEFITS:						
Hearing exam	\$0 copay	\$0 copay	20% coinsurance	\$20 copay	\$0 copay	\$0 copay
Fitting/evaluation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Hearing aids - all types	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Oral exam	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Cleaning	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Fluoride treatment	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Dental x-rays	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Contact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Eyeglasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
Chiropractic services	Some coverage	Not covered	Not covered	Not covered	Not covered	Not covered
Acupuncture	Some coverage	Some coverage	Some coverage	Not covered	Not covered	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	Some coverage	Some coverage	Some coverage	Not covered	Some coverage
Transportation services	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Over the counter drug benefits	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



2023 Part C Medicare Advantage Part D Prescription Drug 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)
	CCA Health California	Central Health Medicare Plan	Central Health Medicare Plan	Essence Healthcare	Essence Healthcare	Essence Healthcare
COSTS BY DRUG TIER						
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.	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$5.00 copay	\$5.00 copay
Tier 2: Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$10.00 copay	\$15.00 copay	\$15.00 copay
Tier 3: Preferred Brand	\$35.00 copay	\$35.00 copay	\$35.00 copay	\$45.00 copay	\$47.00 copay	\$47.00 copay
Tier 4: Non-Preferred Drug	\$90.00 copay	\$75.00 copay	\$75.00 copay	\$95.00 copay	\$100.00 copay	\$100.00 copay
Tier 5: Specialty Tier	33%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs	—	\$0.00 copay	\$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
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$5.00 copay	\$5.00 copay
Tier 2: Generic	25%	25%	\$0.00 copay	25%	25%	25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs	—	\$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
Tier 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)	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	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)	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	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)	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	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)	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	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)	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	—	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)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
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.	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:	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, chemotherapy, 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 (verify with Plan & Provider):		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 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: 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 / PMGSJ: Primary 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				

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CA HICAP: 1.800.434.0222

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

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug 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)
	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
Plan ID	H5496-012-0	H5496-007-0	H5496-014-0	H0524-062-0	H0524-039-0	H5425-073-0
Star rating	2.5 Stars	2.5 Stars	2.5 Stars	5 Stars	5 Stars	4.5 Stars
Plan website	<a href="http://www.imperialhealthplan.com/">http://www.imperialhealthplan.com/</a>	<a href="http://www.imperialhealthplan.com/">http://www.imperialhealthplan.com/</a>	<a href="http://www.imperialhealthplan.com/">http://www.imperialhealthplan.com/</a>	<a href="http://kp.org/medicare">http://kp.org/medicare</a>	<a href="http://kp.org/medicare">http://kp.org/medicare</a>	<a href="http://www.scanhealthplan.com/">http://www.scanhealthplan.com/</a>
Non-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
Members	1-800-838-8271	1-800-838-8271	1-800-838-8271	1-800-443-0815	1-800-443-0815	1-800-559-3500
Plan 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, CA 90806
Contracted Medical Groups (verify with Plan & Provider):	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
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$12.80	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$52.20	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$65.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$226.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$505.00	\$0.00	\$0.00	\$0.00
Maximum-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
BENEFITS & COSTS:						
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	20% coinsurance per visit	\$5 copay per visit	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$10 copay	20% coinsurance per visit	\$15 copay per visit	\$10 copay per visit	\$0-25 copay per visit
TESTS, LABS, & IMAGING:						
Diagnostic tests & procedures	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0 copay	\$0 copay	20% coinsurance	\$5-195 copay	\$5-195 copay	\$0-150 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	\$5 copay	\$0 copay	\$5 copay
Emergency 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
Urgent care	\$0 copay	\$20 copay per visit	20% coinsurance per visit	\$5 copay per visit	\$0 copay	\$20 copay per visit
HOSPITAL SERVICES:						
Inpatient hospital coverage	\$0 copay per stay	\$150 per day for days 1 through 5 \$0 per day for days 6 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$240 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$170 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$175 per day for days 1 through 5 \$0 per day for days 6 through 90
Outpatient 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
SKILLED NURSING FACILITY:						
Skilled nursing facility	\$0 per day for days 1 through 20 \$164.50 per day for days 21 through 100	\$0 per day for days 1 through 20 \$164.50 per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$125 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$125 copay	\$150 copay	20% coinsurance	\$200 copay	\$200 copay	\$200 copay
THERAPY SERVICES:						
Occupational therapy visit	\$0 copay	\$10 copay	20% coinsurance	\$7-15 copay	\$5-10 copay	\$0-20 copay
Physical therapy & speech & language therapy visit	\$0 copay	20% coinsurance	20% coinsurance	\$0-15 copay	\$0-10 copay	\$0-20 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$0 copay	\$0 copay	20% coinsurance	\$0-2 copay	\$0 copay	\$0-35 copay
Outpatient individual therapy with a psychiatrist	\$0 copay	\$0 copay	20% coinsurance	\$0-5 copay	\$0 copay	\$0-35 copay
Outpatient group therapy visit	20% coinsurance	20% coinsurance	20% coinsurance	\$2 copay	\$0 copay	\$0-35 copay
Outpatient individual therapy visit	20% coinsurance	20% coinsurance	20% coinsurance	\$5 copay	\$0 copay	\$0-35 copay
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$35 copay
OTHER SERVICES:						
Durable medical equipment	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item	0-20% 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	0-20% coinsurance per item
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes supplies	\$0 copay	\$0 copay	20% coinsurance per item	\$0 copay	\$0 copay	0-20% coinsurance per item
EXTRA BENEFITS:						
Hearing exam	20% coinsurance	20% coinsurance	20% coinsurance per item	\$15 copay	\$10 copay	\$0 copay
Fitting/evaluation	20% coinsurance	20% coinsurance	20% coinsurance per item	\$0 copay	\$0 copay	\$0 copay
Hearing aids - all types	20% coinsurance	20% coinsurance	20% coinsurance per item	\$0 copay	\$0 copay	\$450-750 copay
Oral exam	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
Cleaning	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
Fluoride treatment	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered	Not covered
Dental x-rays	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$5 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	Not covered	Not covered	Not covered	Not covered	Not covered	Some coverage
Acupuncture	Not covered	Not covered	Not covered	Some coverage	Some coverage	Some coverage
Massage therapy	Not covered	Not covered	Not covered	Not covered	Not covered	Some coverage
Alternative therapies	Not covered	Not covered	Not covered	Not covered	Not covered	Some coverage
Fitness benefit	Some coverage	Some coverage	Not covered	Some coverage	Some coverage	Some coverage
Transportation services	Some coverage	Some coverage	Not covered	Not covered	Not covered	Some coverage
Over the counter drug benefits	Some coverage	Some coverage	Not covered	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Not covered	Some coverage	Some coverage	Some coverage

2023 Part C Medicare Advantage Part D Prescription Drug 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)
	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
COSTS BY DRUG TIER						
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.	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	\$0.00	\$505.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial 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	\$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
Tier 4: Non-Preferred Drug	\$75.00 copay	\$90.00 copay	\$90.00 copay	\$100.00 copay	\$100.00 copay	\$90.00 copay
Tier 5: Specialty Tier	33%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs	—	—	—	\$0.00 copay	\$0.00 copay	—
	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	25%
Tier 2: Generic	\$3.00 copay	\$5.00 copay	\$5.00 copay	\$12.00 copay	\$5.00 copay	25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
Tier 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
Tier 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)
Tier 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)
Tier 6: Select Care Drugs	—	—	—	\$0.00 copay	\$0.00 copay	—
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.	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:	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, chemotherapy, 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 (verify with Plan & Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton 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: 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 / PMGSJ: Primary 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 Medicine & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group				

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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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This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from [medicare.gov](https://www.medicare.gov) and plan changes linked from [medicare.gov](https://www.medicare.gov)

2023 Part C Medicare Advantage 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)
	Scan Health Plan	UnitedHealthcare	Wellcare by Health Net	Wellcare by Health Net
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	<a href="http://www.scanhealthplan.com/">http://www.scanhealthplan.com/</a>	<a href="http://uhc.com/Medicare">http://uhc.com/Medicare</a>	<a href="http://www.wellcare.com/healthnetCA">http://www.wellcare.com/healthnetCA</a>	<a href="http://www.wellcare.com/healthnetCA">http://www.wellcare.com/healthnetCA</a>
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	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$27.50	\$0.00	\$10.30
TOTAL MONTHLY PREMIUM:	\$52.00	\$0.00	\$0.00	\$10.30
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$505.00	\$0.00	\$505.00
Maximum-out-of-Pocket	\$3,000 In-network	\$8,300 In-network	\$3,450 In-network	\$4,500 In-network
BENEFITS & COSTS:				
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)	\$120 copay	0-20% coinsurance	\$0-250 copay	\$0-275 copay
Outpatient x-rays	\$0 copay	20% coinsurance	\$0 copay	\$0 copay
Emergency care	\$95 copay per visit	\$90 copay per visit	\$125 copay per visit	\$110 copay per visit
Urgent care	\$20 copay per visit	\$40 copay per visit	\$10 copay per visit	\$0 copay
HOSPITAL SERVICES:				
Inpatient hospital coverage	\$125 per day for days 1 through 5 \$0 per day for days 6 through 90	\$1,556 per stay \$0 per day for days 91 and beyond	\$190 per day for days 1 through 7 \$0 per day for days 8 through 90 \$0 per day for days 91 through 150	\$350 per day for days 1 through 4 \$0 per day for days 5 through 90 \$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 \$100 per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 40 \$0 per day for days 41 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 50 \$0 per day for days 51 through 100
PREVENTATIVE SERVICES:				
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:				
Ground ambulance	\$195 copay	20% coinsurance	\$260 copay	\$250 copay
THERAPY SERVICES:				
Occupational therapy visit	\$0-20 copay	20% coinsurance	\$10 copay	\$5 copay
Physical therapy & speech & language therapy visit	\$0-20 copay	20% coinsurance	\$10 copay	\$5 copay
MENTAL HEALTH SERVICES:				
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
Diabetes supplies	\$0 copay	\$0 copay per item	\$0 copay per item	\$0 copay per item
EXTRA BENEFITS:				
Hearing exam	\$0 copay	20% coinsurance	\$10 copay	\$5 copay
Fitting/evaluation	\$0 copay	Not covered	\$0 copay	\$0 copay
Hearing aids - all types	\$450-750 copay	\$0 copay	\$0 copay	\$0 copay
Oral exam	Not covered	Not covered	\$0 copay	\$0 copay
Cleaning	Not covered	Not covered	\$0 copay	\$0 copay
Fluoride treatment	Not covered	Not covered	\$0 copay	\$0 copay
Dental x-rays	Not covered	Not covered	\$0 copay	\$0 copay
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Some coverage	Not covered	Some coverage	Some coverage
Acupuncture	Not covered	Not covered	Some coverage	Some coverage
Massage therapy	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Some coverage	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Some coverage	Some coverage	Some coverage
Transportation services	Not covered	Some coverage	Not covered	Some coverage
Over the counter drug benefits	Not covered	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage

2023 Part C Medicare Advantage Part D Prescription Drug Coverage				
Plan name	SCAN Classic (HMO)	UnitedHealthcare Medicare Advantage Assure (HMO)	Wellcare No Premium (HMO)	Wellcare Assist (HMO)
	Scan Health Plan	UnitedHealthcare	Wellcare by Health Net	Wellcare by Health Net
COSTS BY DRUG TIER				
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
Drug plan deductible	\$0.00	\$505.00	\$0.00	\$505.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	\$0.00 copay	25%	\$0.00 copay	\$0.00 copay
Tier 2: Generic	\$0.00 copay	25%	\$10.00 copay	\$20.00 copay
Tier 3: Preferred Brand	\$42.00 copay	—	\$37.00 copay	\$47.00 copay
Tier 4: Non-Preferred Drug	\$95.00 copay	—	\$90.00 copay	49%
Tier 5: Specialty Tier	33%	25%	33%	25%
Tier 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
Tier 1: Preferred Generic	25%	25%	25%	25%
Tier 2: Generic	25%	25%	25%	25%
Tier 3: Preferred Brand	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%
Tier 6: Select Care Drugs	—	Confirm with plan	25%	25%
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 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)	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)	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	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)
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)	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)	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	—	Confirm with plan	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)
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.	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:
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.
Chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	0-20% coinsurance	20% coinsurance	20% coinsurance
Contracted Medical Groups (verify with Plan & Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hammliton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSG: 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 / PMGSI: Primary 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 contact plan



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2023 Part C Medicare Advantage HMO Plans <i>without</i> Part D Prescription Drug Coverage			
Plan name	Aetna Medicare Eagle Plan (HMO)	Brand New Day Valor Care Plan (HMO)	Imperial Courage Plan (HMO)
	Aetna Medicare	Brand New Day	Imperial Health Plan of California Inc
Plan ID	H4982-013-0	H0838-048-0	H5496-016-0
Star rating	3 Stars	3 Stars	2.5 Stars
Plan website	<a href="http://www.aetnamedicare.com/">http://www.aetnamedicare.com/</a>	<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	<a href="http://www.imperialhealthplan.com/">http://www.imperialhealthplan.com/</a>
Non-members	1-833-859-66031	1-888-683-11882	1-800-838-5914
Members	1-833-570-6670	1-866-255-4795	1-800-838-8271
Plan address	PO Box 7405, London, KY 40742	5455 Garden Grove Blvd., Suite 5000, Westministe	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, NP
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$4,200 In-network	\$3,000 In-network	\$2,999 In-network
BENEFITS & COSTS:			
DOCTOR SERVICES			
Primary doctor visit	\$0 copay	\$0 copay	\$5 copay per visit
Specialist visit	\$10 copay per visit	\$0 copay	\$10 copay per visit
TESTS, 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
Urgent care	\$10 copay per visit	\$0 copay	\$20 copay per visit
HOSPITAL SERVICES:			
Inpatient hospital coverage	\$50 per day for days 1 through 3 \$0 per day for days 4 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$150 per day for days 1 through 5 \$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:			
Ground ambulance	\$275 copay	\$0-75 copay	\$150 copay
THERAPY SERVICES:			
Occupational therapy visit	\$10 copay	\$10 copay	\$10 copay
Physical therapy & speech & language therapy vi	\$10 copay	\$10 copay	20% coinsurance
MENTAL HEALTH SERVICES:			
Outpatient group therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay
Outpatient individual therapy with a psychiatrist	\$25 copay	\$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:			
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
Hearing aids - all types	\$0 copay	\$149 copay	20% coinsurance
Oral exam	\$0 copay	\$0 copay	\$0 copay
Cleaning	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment	\$0 copay	\$0 copay	\$0 copay
Dental x-rays	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay
Eyeglasses lenses only	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Some coverage	Some coverage	Not covered
Acupuncture	Some coverage	Some coverage	Not covered
Massage therapy	Not covered	Not covered	Not covered
Alternative therapies	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Some coverage	Some coverage
Transportation services	Some coverage	Some coverage	Some coverage
Over the counter drug benefits	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage



2023 Part C Medicare Advantage <i>without</i> Part D Prescription Drug Coverage			
Plan name	Aetna Medicare Eagle Plan (HMO)	Brand New Day Valor Care Plan (HMO)	Imperial Courage Plan (HMO)
	Aetna Medicare	Brand New Day	Imperial Health Plan of California Inc
COSTS BY DRUG TIER			
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
Drug plan deductible	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 2: Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 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
Tier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 6: Select Care Drugs	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 2: Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 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
Tier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 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
Tier 1: Preferred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 2: Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 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
Tier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 6: Select Care Drugs	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	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	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
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.
Chemotherapy drugs	20% coinsurance	20% coinsurance	\$0 copay
Other Part B drugs	20% coinsurance	20% coinsurance	\$0 copay

Contracted Medical Groups (verify with Plan & Provider):

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 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: 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 / PMGSJ: Primary 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

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

2023 Part C Medicare Advantage PPO Plans with 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)
	UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Alignment Health Plan
Plan ID	H4829-004-0	H4829-016-0	H5521-293-0	H4961-006-0
Star rating	2.5 Stars	2.5 Stars	3.5 Stars	3.5 Stars
Plan website	<a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	<a href="http://aarpmedicareplans.com/">http://aarpmedicareplans.com/</a>	<a href="http://www.aetnamedicare.com/">http://www.aetnamedicare.com/</a>	<a href="http://www.alignmenthealthplan.com/">http://www.alignmenthealthplan.com/</a>
Non-members	1-800-555-5757	1-800-555-5757	1-833-859-6031	1-888-979-2247
Members	1-866-261-7709	1-866-261-7709	1-800-282-5366	1-866-634-2247
Plan address	P.O. Box 30770, Salt Lake City, UT 84130	P.O. Box 30770, Salt Lake City, UT 84130	PO Box 7405, London, KY 40742	1100 W Town and Country Rd Suite 1300, Orange, CA 92868
Contracted Medical Groups (verify with Plan & Provider):	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
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$45.00	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$45.00	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$300.00	\$750.50	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$5,900 In-network / \$8,700 In and Out-of-network	\$6,700 In-network / \$10,000 In and Out-of-network	\$5,500 In-network / \$8,950 In and Out-of-network	\$2,850 In-network / \$5,150 In and Out-of-network
BENEFITS & COSTS:				
DOCTOR SERVICES				
Primary doctor visit	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: \$25 copay per visit	In-network: \$0 copay / Out-of-network: \$25 copay per visit
Specialist visit	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-of-network: \$25 copay per visit
TESTS, LABS, & IMAGING:				
Diagnostic tests & procedures	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
Lab services	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: \$25 copay	In-network: \$0 copay / Out-of-network: 30% coinsurance
Diagnostic radiology services (like MRI)	In-network: \$0-65 copay / Out-of-network: \$160 copay	In-network: \$0-65 copay / Out-of-network: \$160 copay	In-network: \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Outpatient x-rays	In-network: \$15 copay / Out-of-network: \$20 copay	In-network: \$15 copay / Out-of-network: \$20 copay	In-network: \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Emergency care	\$90 copay per visit	\$90 copay per visit	\$110 copay per visit	\$75 copay per visit
Urgent care	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit	\$0 copay
HOSPITAL SERVICES:				
Inpatient hospital coverage	In-network: \$300 per day for days 1 through 4 \$0 per day for days 5 through 90 \$0 per day for days 91 and beyond Out-of-network: \$500 per day for days 1 through 17 \$0 per day for days 18 and beyond	In-network: \$300 per day for days 1 through 4 \$0 per day for days 5 through 90 \$0 per day for days 91 and beyond Out-of-network: \$500 per day for days 1 through 20 \$0 per day for days 21 and beyond	In-network: \$325 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: 45% per stay	In-network: \$0 copay / Out-of-network: 30% per stay
Outpatient hospital coverage	In-network: \$0-275 copay per visit / Out-of-network: \$500 copay per visit	In-network: \$0-275 copay per visit / Out-of-network: \$500 copay per visit	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:				
Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 51 \$0 per day for days 52 through 100 Out-of-network: \$225 per day for days 1 through 39 \$0 per day for days 40 through 100	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 55 \$0 per day for days 56 through 100 Out-of-network: \$225 per day for days 1 through 45 \$0 per day for days 46 through 100	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 100 Out-of-network: 45% per stay	In-network: \$0 per day for days 1 through 20 \$50 per day for days 21 through 100 Out-of-network: 30% per stay
PREVENTATIVE SERVICES:				
Preventive services	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
AMBULANCE:				
Ground ambulance	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
THERAPY SERVICES:				
Occupational therapy visit	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
Physical therapy & speech & language therapy visit	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
MENTAL HEALTH SERVICES:				
Outpatient group therapy with a psychiatrist	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
Outpatient individual therapy with a psychiatrist	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: \$40 copay / Out-of-network: 30% coinsurance
Outpatient group therapy visit	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: \$0 copay / Out-of-network: 30% coinsurance
Outpatient individual therapy visit	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
OPIOID TREATMENT PROGRAM SERVICES:				
Opioid treatment program services	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
OTHER SERVICES:				
Durable medical equipment	In-network: 20% coinsurance per item / Out-of-network: 20-50% coinsurance per item	In-network: 20% coinsurance per item / Out-of-network: 20-50% coinsurance per item	In-network: 20% coinsurance per item / Out-of-network: 45% coinsurance per item	In-network: 0-20% coinsurance per item / Out-of-network: 30% coinsurance per item
Prosthetics	In-network: 20% coinsurance per item / Out-of-network: 20-50% coinsurance per item	In-network: 20% coinsurance per item / Out-of-network: 20-50% coinsurance per item	In-network: 20% coinsurance per item / Out-of-network: 45% coinsurance per item	In-network: 20% coinsurance per item / Out-of-network: 30% coinsurance per item
Dialysis	In-network: 20% coinsurance / Out-of-network: 20-50% coinsurance	In-network: 20% coinsurance / Out-of-network: 20-50% coinsurance	In-network: 20% coinsurance / Out-of-network: 50% coinsurance	In-network: \$20 copay / Out-of-network: 30% coinsurance
Diabetes supplies	In-network: \$0 copay per item / Out-of-network: 20-50% coinsurance per item	In-network: \$0 copay per item / Out-of-network: 20-50% coinsurance per item	In-network: 0-20% coinsurance per item / Out-of-network: 0-20% coinsurance per item	In-network: \$0 copay / Out-of-network: 30% coinsurance
EXTRA BENEFITS:				
Hearing exam	In-network: \$0 copay / Out-of-network: \$50 copay	In-network: \$0 copay / Out-of-network: \$65 copay	In-network: \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Fitting/evaluation	Not covered	Not covered	In-network: \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Hearing aids - all types	In-network: \$175-1,225 copay / Out-of-network: \$175-1,225 copay	In-network: \$175-1,225 copay / Out-of-network: \$175-1,225 copay	In-network: \$0 copay / Out-of-network: \$0 copay	Not covered
Oral exam	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
Cleaning	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
Fluoride treatment	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
Dental x-rays	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
Routine eye exam	In-network: \$0 copay / Out-of-network: \$50 copay	In-network: \$0 copay / Out-of-network: \$65 copay	In-network: \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Contact lenses	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	In-network: \$0 copay / Out-of-network: 30% coinsurance
Eyeglasses frames only	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	In-network: \$0 copay / Out-of-network: 30% coinsurance
Eyeglasses lenses only	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	In-network: \$0 copay / Out-of-network: 30% coinsurance
Chiropractic services	Not covered	Not covered	Not covered	Not covered
Acupuncture	Not covered	Not covered	Not covered	Not covered
Massage therapy	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Not covered	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Some coverage	Some coverage	Some coverage
Transportation services	Not covered	Not covered	Not covered	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 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)
	UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Alignment Health Plan
<b>COSTS BY DRUG TIER</b>				
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.
<b>TIER DRUG COST FOR:</b>				
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	\$0.00	\$0.00	\$0.00
<b>Tiers</b>	<b>Initial coverage phase</b>	<b>Initial coverage phase</b>	<b>Initial coverage phase</b>	<b>Initial coverage phase</b>
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$15.00 copay	\$0.00 copay
Tier 2: Generic	\$10.00 copay	\$12.00 copay	\$20.00 copay	\$3.00 copay
Tier 3: Preferred Brand	\$47.00 copay	\$47.00 copay	\$47.00 copay	\$40.00 copay
Tier 4: Non-Preferred Drug	\$100.00 copay	\$100.00 copay	\$100.00 copay	\$93.00 copay
Tier 5: Specialty Tier	33%	33%	33%	33%
Tier 6: Select Care Drugs	—	—	—	\$3.00 copay
	<b>Gap coverage phase</b>	<b>Gap coverage phase</b>	<b>Gap coverage phase</b>	<b>Gap coverage phase</b>
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$15.00 copay	\$3.00 copay
Tier 2: Generic	\$10.00 copay	\$12.00 copay	\$20.00 copay	25%
Tier 3: Preferred Brand	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%
Tier 6: Select Care Drugs	—	—	—	\$3.00 copay
	<b>Catastrophic coverage phase</b>	<b>Catastrophic coverage phase</b>	<b>Catastrophic coverage phase</b>	<b>Catastrophic coverage phase</b>
Tier 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)	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)	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	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)
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)	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)	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	—	—	—	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
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.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.
<b>PART B DRUGS:</b>	<b>PART B DRUGS:</b>	<b>PART B DRUGS:</b>	<b>PART B DRUGS:</b>	<b>PART B DRUGS:</b>
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.
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
<b>Contracted Medical Groups (verify with Plan &amp; Provider):</b>	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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hammliton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSG: 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 / PMGSJ: Primary Medical Group San Jose / RMG NWOC SCC: RMG North West Orange County-Santa Clara County / SBMF: Suttter Bay Medical Foundation / SCCIPA: Santa Clara County 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 contact plan



Sourcwise: 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 Advantage PPO Plans <i><u>without</u></i> Part D Prescription Drug Coverage		
Plan name	Aetna Medicare Eagle Plus Plan (PPO)	
	Aetna Medicare	
Plan ID	H5521-369-0	
Star rating	3.5 Stars	
Plan website	<a href="http://www.aetnamedicare.com/">http://www.aetnamedicare.com/</a>	
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:		\$0.00
TOTAL MONTHLY PREMIUM:		\$0.00
HEALTH DEDUCTIBLE:		\$0.00
DRUG DEDUCTIBLE:		\$0.00
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:		
Diagnostic tests & procedures	In-network: \$0-10 copay / Out-of-network: 50% coinsurance	
Lab services	In-network: \$0 copay / Out-of-network: 50% coinsurance	
Diagnostic radiology services (like MRI)	In-network: \$0-150 copay / Out-of-network: 50% coinsurance	
Outpatient x-rays	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	
Physical therapy & speech & language therapy visit	In-network: \$20 copay / Out-of-network: 50% coinsurance	
MENTAL HEALTH SERVICES:		
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:		
Durable medical equipment	In-network: 20% coinsurance per item / Out-of-network: 40% coinsurance per item	
Prosthetics	In-network: 20% coinsurance per item / Out-of-network: 40% coinsurance per item	
Dialysis	In-network: 20% coinsurance / Out-of-network: 50% coinsurance	
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	
Fitting/evaluation	In-network: \$0 copay / Out-of-network: 50% coinsurance	
Hearing aids - all types	In-network: \$0 copay / Out-of-network: \$0 copay	
Oral exam	In-network: \$0 copay / Out-of-network: 20% coinsurance	
Cleaning	In-network: \$0 copay / Out-of-network: 20% coinsurance	
Fluoride treatment	In-network: \$0 copay / Out-of-network: 20% coinsurance	
Dental x-rays	In-network: \$0 copay / Out-of-network: 20% coinsurance	
Routine eye exam	In-network: \$0 copay / Out-of-network: 50% coinsurance	
Contact lenses	In-network: \$0 copay / Out-of-network: \$0 copay	
Eyeglasses frames only	In-network: \$0 copay / Out-of-network: \$0 copay	
Eyeglasses lenses only	In-network: \$0 copay / Out-of-network: \$0 copay	
Chiropractic services	Not covered	
Acupuncture	Not covered	
Massage therapy	Not covered	
Alternative therapies	Not covered	
Fitness benefit	Some coverage	
Transportation services	Not covered	
Over the counter drug benefits	Some coverage	
Worldwide emergency	Some coverage	

2023 Part C Medicare Advantage <i>without</i> Part D Prescription Drug Coverage		
Plan name		Aetna Medicare Eagle Plus Plan (PPO)
		Aetna Medicare
COSTS BY DRUG TIER		
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		\$0.00
Tiers	Initial 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	
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):		
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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hammliton 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: 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 / PMGSI: Primary 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 <a href="https://www.medicare.gov/">https://www.medicare.gov/</a> and contact plan		
Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222		
<div><div><div>ACL Administration for Community Living</div></div><div><div>SHIP State Health Insurance Assistance Program Navigating Medicare</div></div></div>		



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

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional Special Needs Plans (SNP)						
Plan name	Alignment Health Heart & Diabetes (HMO C-SNP) <small>Alignment Health Plan</small>	Align Thrive (HMO I-SNP) <small>Align Senior Care</small>	Align Connect (HMO C-SNP) <small>Align Senior Care</small>	Align Premier (HMO I-SNP) <small>Align Senior Care</small>	Align Kidney Care (HMO C-SNP) <small>Align Senior Care</small>	Anthem MediBlue Lung Care (HMO C-SNP) <small>Anthem Blue Cross</small>
Plan ID	H3815-010-0	H3274-002-0	H3274-003-0	H3274-001-0	H3274-004-0	H0544-101-0
Star rating	4 Star	Plan too new to be measured	Plan too new to be measured	Plan too new to be measured	Plan too new to be measured	3 Stars
Plan website	<a href="http://www.alignmenthealthplan.com/">http://www.alignmenthealthplan.com/</a>	<a href="http://www.alignseniorcare.com/">http://www.alignseniorcare.com/</a>	<a href="http://www.alignseniorcare.com/">http://www.alignseniorcare.com/</a>	<a href="http://www.alignseniorcare.com/">http://www.alignseniorcare.com/</a>	<a href="http://www.alignseniorcare.com/">http://www.alignseniorcare.com/</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>
Non-members	1-888-979-2247	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-855-593-0901
Members	1-866-634-2247	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-800-499-2793
Plan address	1100 W Town and Country Rd Suite 1300, Orange, CA 92868	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 90703
Contracted Medical Groups (verify with Plan & Provider):	AHPN, NCPNI, SCC IPA, California IPA, PMGSI, IHPOC, B&TSI	SCVMC	BDHV MGC, FCWC, GSPMC, CSI MG	GMG	Davita Integrated Kidney Care	SVMD, Caremore Health Ca, Foundercare, Caremore PMGSI, Caremore CA IPA, MMC, PMGSI, Caremore NCPN, NEMS, PMUCI
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$226.00	\$226.00	\$226.00	\$226.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$1,000 In-network	\$3,500 In-network	\$3,500 In-network	\$8,300 In-network	\$8,300 In-network	\$2,899 In-network
BENEFITS & COSTS:						
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance per visit	0-20% coinsurance per visit	\$15 copay per visit
TESTS, LABS, & IMAGING:						
Diagnostic tests & procedures	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0-100 copay
Outpatient x-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$70 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit
Urgent care	\$0 copay	\$40 copay per visit	\$40 copay per visit	\$55 copay per visit	\$25 copay per visit	\$0 copay
HOSPITAL SERVICES:						
Inpatient 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	\$75 per day for days 1 through 5 \$0 per day for days 6 through 90
Outpatient 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
SKILLED NURSING FACILITY:						
Skilled nursing facility	\$0 per day for days 1 through 31 \$50 per day for days 32 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 per day for days 1 through 20 \$75 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$100 copay	\$125 copay	\$125 copay	20% coinsurance	20% coinsurance	\$100 copay
THERAPY SERVICES:						
Occupational therapy visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$20 copay
Physical therapy & speech & language therapy visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$20 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$15 copay
Outpatient individual therapy with a psychiatrist	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$15 copay
Outpatient group therapy visit	\$0 copay	\$10 copay	\$10 copay	20% coinsurance	20% coinsurance	\$15 copay
Outpatient individual therapy visit	\$0 copay	\$20 copay	\$20 copay	20% coinsurance	20% coinsurance	\$15 copay
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services	20% coinsurance	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$30 copay
OTHER SERVICES:						
Durable medical equipment	0-20% 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	\$0 copay	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
EXTRA BENEFITS:						
Hearing exam	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay
Fitting/evaluation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing aids - all types	Not covered	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Oral exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Cleaning	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Fluoride treatment	\$0 copay	Not covered	Not covered	Not covered	\$0 copay	Not covered
Dental x-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay	Not covered	\$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	Not covered	Some coverage	Some coverage	Not covered	Not covered	Some coverage
Acupuncture	Some coverage	Some coverage	Some coverage	Not covered	Not covered	Some coverage
Massage therapy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Some coverage	Not covered	Not covered	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Not covered	Not covered	Not covered	Some coverage	Some coverage
Transportation services	Some coverage	Not covered	Not covered	Not covered	Some coverage	Some coverage
Over the counter drug benefits	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Not covered	Not covered	Not covered	Not covered	Some coverage

2023 Part C Medicare Advantage Part D Prescription Drug Coverage						
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)
	Alignment Health Plan	Align Senior Care	Align Senior Care	Align Senior Care	Align Senior Care	Anthem Blue Cross
COSTS BY DRUG TIER						
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.	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	\$0.00 copay	\$2.00 copay	\$2.00 copay	25%	\$2.00 copay	\$0.00 copay
Tier 2: Generic	\$5.00 copay	\$15.00 copay	\$15.00 copay	25%	\$15.00 copay	\$7.50 copay
Tier 3: Preferred Brand	\$30.00 copay	\$45.00 copay	\$45.00 copay	—	\$45.00 copay	\$40.00 copay
Tier 4: Non-Preferred Drug	\$75.00 copay	\$95.00 copay	\$95.00 copay	—	\$95.00 copay	\$85.00 copay
Tier 5: Specialty Tier	33%	25%	25%	25%	25%	33%
Tier 6: Select Care Drugs	\$5.00 copay	—	—	Confirm with plan	\$0.00 copay	\$0.00 copay
	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	25%	25%	25%	25%	\$0.00 copay
Tier 2: Generic	25%	25%	25%	25%	25%	\$7.50 copay
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	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
Tier 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)	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
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)	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)	\$4.15 copay or 5% (whichever costs more)
Tier 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)	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)	\$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)	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)	\$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)	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)	\$10.35 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 more)	—	—	Confirm with plan	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$0.00 copay
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.	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:	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, chemotherapy, 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 (verify with Plan and Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton 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: 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 / PMGSJ: Primary 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 Medicine & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group				

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

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 Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional Special Needs Plans (SNP)						
Plan name	Anthem MediBlue Diabetes Care (HMO C-SNP) <small>Anthem Blue Cross</small>	Anthem MediBlue Heart Care (HMO C-SNP) <small>Anthem Blue Cross</small>	Anthem MediBlue Care On Site (HMO I-SNP) <small>Anthem Blue Cross</small>	Anthem MediBlue Lung (HMO C-SNP) <small>Anthem Blue Cross</small>	Anthem MediBlue Heart (HMO C-SNP) <small>Anthem Blue Cross</small>	Anthem MediBlue Diabetes (HMO C-SNP) <small>Anthem Blue Cross</small>
Plan ID	H0544-102-0	H0544-106-0	H0544-050-0	H0544-117-1	H0544-119-2	H0544-118-2
Star rating	3 Stars	3 Stars	3 Stars	3 Stars	3 Stars	3 Stars
Plan website	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>
Non-members	1-855-593-0901	1-855-593-0901	1-855-593-0901	1-855-593-0901	1-855-593-0901	1-855-593-0901
Members	1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793
Plan address	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
Contracted Medical Groups (verify with Plan & Provider)	SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, MMC, Caremore Ca IPA, PMGSJ, NEMS, Caremore NCPN, PMUCI	SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, MCM, Caremore CA IPA, PMGSJ, Caremore NCPN, NEMS, PMUCI, KAAJH, USONCI, MISS, SCC IPA, etc	BDHV MG, ACMG, SVMD, Caremore Health Ca, Caremore SCC IPA, SKANDC, Caremore PMGSJ, MISS, USONCG, KAAJH, SCC OBGYN MG	SVMD, Caremore Health Ca, SVMD WGUC, Foundercare, Caremore PMGSJ, MMC, Caremore Ca IPA, PMGSJ, NEMS, Caremore NCPN, PMUCI, CCCMA, Caremore SCC IPPA	SVMD, Caremore Health Ca, Caremore PMGSJ, MMC, PMGSJ, NEMS, Caremore NCPN, Caremore SCC IPA	SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, MMC, Caremore CA IPA, PMGSJ, NEMS, Caremore NCPN, CCCMA, Caremore SCC IPA, BDHV MGOC, etc
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$5.50	\$28.40	\$55.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00	\$10.60	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00	\$16.10	\$28.40	\$55.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$2,899 In-network	\$2,899 In-network	\$3,000 In-network	\$2,899 In-network	\$2,899 In-network	\$2,899 In-network
BENEFITS & COSTS:						
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$15 copay per visit	\$15 copay per visit	\$0 copay	\$0-20 copay per visit	\$0-20 copay per visit	\$0-20 copay per visit
TESTS, LABS, & IMAGING:						
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)	\$0-100 copay	\$0-100 copay	\$0-150 copay	\$0-150 copay	\$0-150 copay	\$0-150 copay
Outpatient x-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care	\$90 copay per visit	\$90 copay per visit	\$120 copay per visit	\$120 copay per visit	\$120 copay per visit	\$120 copay per visit
Urgent care	\$0 copay	\$0 copay	\$0 copay	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
HOSPITAL SERVICES:						
Inpatient hospital coverage	\$75 per day for days 1 through 5 \$0 per day for days 6 through 90	\$75 per day for days 1 through 5 \$0 per day for days 6 through 90	\$0 copay per stay	\$20 per day for days 1 through 5 \$0 per day for days 6 through 90	\$20 per day for days 1 through 5 \$0 per day for days 6 through 90	\$40 per day for days 1 through 5 \$0 per day for days 6 through 90
Outpatient hospital coverage	\$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	\$0-125 copay per visit
SKILLED NURSING FACILITY:						
Skilled nursing facility	\$0 per day for days 1 through 20 \$75 per day for days 21 through 100	\$0 per day for days 1 through 20 \$75 per day for days 21 through 100	\$0 copay per stay	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$100 copay	\$100 copay	\$195 copay	\$195 copay	\$195 copay	\$195 copay
THERAPY SERVICES:						
Occupational therapy visit	\$20 copay	\$20 copay	\$0 copay	\$20 copay	\$20 copay	\$20 copay
Physical therapy & speech & language therapy visit	\$20 copay	\$20 copay	\$0 copay	\$0-20 copay	\$0-20 copay	\$0-20 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$15 copay	\$15 copay	\$0 copay	\$0-20 copay	\$0-20 copay	\$0-20 copay
Outpatient individual therapy with a psychiatrist	\$15 copay	\$15 copay	\$0 copay	\$0-20 copay	\$0-20 copay	\$0-20 copay
Outpatient group therapy visit	\$15 copay	\$15 copay	\$0 copay	\$0-15 copay	\$0-15 copay	\$0-15 copay
Outpatient individual therapy visit	\$15 copay	\$15 copay	\$0 copay	\$0-15 copay	\$0-15 copay	\$0-15 copay
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services	\$30 copay	\$30 copay	\$0 copay	\$30 copay	\$30 copay	\$30 copay
OTHER SERVICES:						
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	0-20% coinsurance per item
Prosthetics	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
Dialysis	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
EXTRA BENEFITS:						
Hearing exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fitting/evaluation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing aids - all types	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Oral exam	Not covered	Not covered	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cleaning	Not covered	Not covered	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Dental x-rays	Not covered	Not covered	\$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	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Some coverage	Some coverage	Not covered	Not covered	Not covered	Not covered
Acupuncture	Some coverage	Some coverage	Not covered	Not covered	Not covered	Not covered
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	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Transportation services	Some coverage	Some coverage	Not covered	Some coverage	Some coverage	Some coverage
Over the counter drug benefits	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage



2023 Part C Medicare Advantage Part D Prescription Drug Coverage						
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)
	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
COSTS BY DRUG TIER						
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.	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial 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
Tier 3: Preferred Brand	\$35.00 copay	\$40.00 copay	\$40.00 copay	\$40.00 copay	\$40.00 copay	\$35.00 copay
Tier 4: Non-Preferred Drug	\$85.00 copay	\$85.00 copay	\$85.00 copay	\$85.00 copay	\$85.00 copay	\$85.00 copay
Tier 5: Specialty Tier	33%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$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
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
Tier 3: Preferred Brand	\$35.00 copay	25%	25%	25%	25%	\$35.00 copay
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
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
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	\$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)
Tier 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.	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.	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:	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, chemotherapy, 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 (verify with Plan and Provider):						
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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton 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: 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 / PMGSJ: Primary 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 Medicine & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group						

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



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

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional 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)
	Brand New Day	Brand New Day	Brand New Day	Brand New Day	Central Health Medicare Plan	Imperial Health Plan of California Inc
Plan ID	H0838-039-2	H0838-043-0	H0838-045-0	H0838-040-2	H5649-006-0	H5496-005-0
Star rating	3 Stars	3 Stars	3 Stars	3 Stars	3.5 Stars	2.5 Stars
Plan website	<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	<a href="http://www.bndhmo.com/">http://www.bndhmo.com/</a>	<a href="http://www.centralhealthplan.com/">http://www.centralhealthplan.com/</a>	<a href="http://www.imperialhealthplan.com/">http://www.imperialhealthplan.com/</a>
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, Westminster, CA 92683	5455 Garden Grove Blvd., Suite 500, Westminster, CA 92683	5455 Garden Grove Blvd., Suite 500, Westminster, CA 92683	5455 Garden Grove Blvd., Suite 500, Westminster, CA 92683	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, IHMMG, MP IPA, California IPA, NPI, SMG, PCONC, PP IPA, NCP IPA, HealthSmart
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$1,999 In-network	\$3,450 In-network	\$7,550 In-network		\$1,800 In-network	\$2,999 In-network
BENEFITS & COSTS:						
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:						
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)	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Emergency care	\$0-125 copay per visit	\$0-120 copay per visit	\$90 copay per visit	\$90 copay per visit	\$0-100 copay per visit	\$0 copay
Urgent care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
HOSPITAL SERVICES:						
Inpatient hospital coverage	\$175 per day for days 1 through 6 \$0 per day for days 7 through 90	\$150 per day for days 1 through 6 \$0 per day for days 7 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 copay per stay	\$0 copay per stay
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:						
Skilled nursing facility	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100	\$0 per day for days 1 through 20 \$164.50 per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:						
Ground ambulance	\$0-100 copay	\$0-85 copay	20% coinsurance	20% coinsurance	\$0-75 copay	\$125 copay
THERAPY SERVICES:						
Occupational therapy visit	\$10 copay	\$10 copay	\$35 copay	\$40 copay	\$0 copay	\$0 copay
Physical therapy & speech & language therapy visit	\$10 copay	\$10 copay	\$40 copay	\$40 copay	\$0 copay	\$0 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	20% coinsurance	20% coinsurance	\$40 copay	\$40 copay	\$0 copay	\$0 copay
Outpatient individual therapy with a psychiatrist	\$10 copay	\$10 copay	\$40 copay	\$40 copay	\$0 copay	\$0 copay
Outpatient group therapy visit	20% coinsurance	20% coinsurance	20% coinsurance	\$40 copay	\$0 copay	20% coinsurance
Outpatient individual therapy visit	\$10 copay	\$10 copay	20% coinsurance	\$40 copay	\$0 copay	20% coinsurance
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$5 copay	\$0 copay
OTHER SERVICES:						
Durable medical equipment	0-20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item
Prosthetics	0-20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item
Dialysis	20% coinsurance	\$0 copay	20% coinsurance	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay	20% coinsurance per item	\$0 copay	\$0 copay
EXTRA BENEFITS:						
Hearing exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	20% coinsurance
Fitting/evaluation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	20% coinsurance
Hearing aids - all types	\$699-999 copay	\$699-999 copay	\$149 copay	\$149 copay	\$0 copay	20% coinsurance
Oral exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cleaning	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment	\$0 copay	\$0 copay	Not covered	Not covered	\$0 copay	\$0 copay
Dental x-rays	\$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	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Some coverage	Not covered	Not covered	Some coverage	Not covered	Not covered
Acupuncture	Some coverage	Not covered	Not covered	Some coverage	Some coverage	Not covered
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	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Over the counter drug benefits	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage



2023 Part C Medicare Advantage Part D Prescription Drug Coverage						
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)
	Brand New Day	Brand New Day	Brand New Day	Brand New Day	Central Health Medicare Plan	Imperial Health Plan of California Inc
COSTS BY DRUG TIER						
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.	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial 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	\$9.00 copay	\$12.00 copay	25%	25%	\$0.00 copay	\$5.00 copay
Tier 3: Preferred Brand	\$47.00 copay	\$47.00 copay	25%	25%	\$35.00 copay	\$45.00 copay
Tier 4: Non-Preferred Drug	\$90.00 copay	\$100.00 copay	25%	25%	\$75.00 copay	\$90.00 copay
Tier 5: Specialty Tier	33%	33%	25%	25%	33%	33%
Tier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$3.00 copay
	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	25%	25%	25%	25%	\$0.00 copay	\$5.00 copay
Tier 3: Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	25%
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 1: Preferred Generic	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 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)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 2: Generic	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 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)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 3: Preferred Brand	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 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)	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)	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 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)	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)	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 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)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 6: Select Care Drugs	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 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)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)
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.	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:	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, chemotherapy, 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 (verify with Plan and Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSG: 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 / PMGSJ: Primary 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 Medicine & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group				

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

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

2023 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)					
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
Plan ID	H0524-074-0	H0544-129-0	H0544-003-0	H4161-001-0	H4045-001-0
Star rating	4.5 Stars	3 Stars	3 Stars	Plan too new to be measured	Plan too new to be measured
Plan website	<a href="http://kp.org/medicare">http://kp.org/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="https://shop.anthem.com/medicare">https://shop.anthem.com/medicare</a>	<a href="http://www.scfhp.com/dualconnect">http://www.scfhp.com/dualconnect</a>
Non-members	1-800-777-1238	1-855-593-0899	1-855-593-0899	1-833-707-3129	1-877-723-4795
Members	1-800-443-0815	1-844-469-6831	1-800-499-2793	1-833-707-3129	1-877-723-4795
Plan 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
Contracted Medical Groups (verify with Plan & Provider):	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, NEMS, Caremore NCPN, SCCVMC, CPA, Caremore IPA, CHMGOC, CVMG, Comprehensive Psychiatric SVCS	NEMS, PAMF, PMG, PremierCare, SCFHP Direct, VHP Network
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maximum-out-of-Pocket	\$3,400 In-network	\$7,550 In-network	\$8,300 In-network	\$8,300 In-network	\$8,300 In-network
BENEFITS & COSTS:					
DOCTOR SERVICES					
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
TESTS, LABS, & IMAGING:					
Diagnostic tests & procedures	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Lab services	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Emergency care	\$0 copay	\$0 or \$90 copay per visit	\$0 or \$90 copay per visit	\$0 copay	\$0 copay
Urgent care	\$0 copay	\$0 or \$60 copay per visit	\$0 or \$60 copay per visit	\$0 copay	\$0 copay
HOSPITAL SERVICES:					
Inpatient hospital coverage	\$0 copay	\$1,600 deductible for days 1 through 60	\$1,600 deductible for days 1 through 60	\$0 copay	\$0 copay
		\$400 copay per day for days 61 through 90	\$400 copay per day for days 61 through 90		
Outpatient hospital coverage	\$0 copay	0% or 20% coinsurance per visit	0% or 20% coinsurance per visit	\$0 copay	\$0 copay
SKILLED NURSING FACILITY:					
Skilled nursing facility	\$0 copay	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay	\$0 copay
		\$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
AMBULANCE:					
Ground ambulance	\$0 or \$200 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
THERAPY SERVICES:					
Occupational therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Physical therapy & speech & language therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
MENTAL HEALTH SERVICES:					
Outpatient group therapy with a psychiatrist	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Outpatient individual therapy with a psychiatrist	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Outpatient group therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Outpatient individual therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
OPIOID TREATMENT PROGRAM SERVICES:					
Opioid treatment program services	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	0% coinsurance	0% coinsurance
OTHER SERVICES:					
Durable 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
Prosthetics	\$0 copay	0% or 0-20% coinsurance per item	0% or 0-20% coinsurance per item	\$0 copay	\$0 copay
Dialysis	0% or 20% coinsurance	0% or 20% coinsurance	0% or 20% coinsurance	0% coinsurance	0% coinsurance
Diabetes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
EXTRA BENEFITS:					
Hearing exam	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
Fitting/evaluation	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered
Hearing aids - all types	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered
Oral exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Cleaning	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Fluoride treatment	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered
Dental x-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Not covered	Not covered	Not covered	Not covered	Not covered
Acupuncture	Some coverage	Some coverage	Not covered	Some coverage	Not covered
Massage therapy	Not covered	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Not covered	Not covered	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Transportation services	Not covered	Some coverage	Some coverage	Some coverage	Not covered
Over the counter drug benefits	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage	Not covered

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 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					
Drug plan deductible	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	25%	\$5.00 copay	\$10.00 copay	\$15.00 copay	25%
Tier 2: Generic	25%	\$20.00 copay	\$20.00 copay	\$20.00 copay	25%
Tier 3: Preferred Brand	25%	\$47.00 copay	\$47.00 copay	\$47.00 copay	25%
Tier 4: Non-Preferred Drug	25%	\$95.00 copay	\$95.00 copay	\$95.00 copay	25%
Tier 5: Specialty Tier	25%	27%	25%	25%	25%
Tier 6: Select Care Drugs	Confirm wiith plan	—	\$10.00 copay	—	Confirm with plan
Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic	25%	25%	25%	25%	25%
Tier 2: Generic	25%	25%	25%	25%	25%
Tier 3: Preferred Brand	25%	25%	25%	25%	25%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs	Confirm with plan	—	25%	—	Confirm with plan
Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 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)	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	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)	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	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)	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)	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	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)	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	Confirm with plan	—	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	—	Confirm with plan
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.	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.
Low Income Subsidy (LIS / Extra Help)	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%
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.
Chemotherapy drugs	\$0.00 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0.00 copay	\$0.00 copay
Other Part B drugs	\$0.00 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0.00 copay	\$0.00 copay
Contracted Medical Groups (verify with Plan and Provider):		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 Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hamilton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSG: 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 / PMGSJ: Primary 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 Medicine & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group			

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



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This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from [medicare.gov](https://www.medicare.gov) and plan changes linked from [medicare.gov](https://www.medicare.gov)