

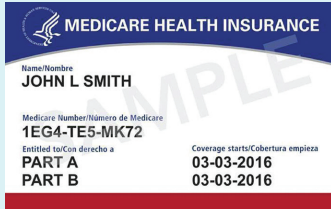
Your Medicare Choices

1

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

2

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

Original Medicare: Part A & B

Premiums, Benefits, & Out-of-Pocket Costs for 2025

Medicare due to Age (65+) ¹		
	Your or Your Spouse's Social Security Credits	Monthly Premium
Premium-Free Part A	40	\$0
Premium Part A	30-39	\$285
	0-29	\$518
Part B (standard rate)	N/A	\$185.00 ²

Part A			
Benefit	Your Deductible and Coinsurance (per benefit period) ³		
Hospital Inpatient	\$1,676 deductible	days	1-60
	\$419 / day	days	61-90
	\$838 / day	days	91-150 ⁴
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>	\$209.50 / 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 ⁵
	Annual Deductible - \$257
Some Preventive Services	0/20%
Physician Services	20% ⁶
Hospital Outpatient Services	20% ⁶ (capped at \$1,676 for each service)
Medical Equipment & Supplies	20% ⁶
Ambulance Services	20%
Mental Health Outpatient	20%
Mental Health Partial Hospitalization	20%-40%
Home Health Care	Nothing except 20% of covered durable medical 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 \$1,810 is equal to one Social Security credit in 2025. 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 \$106,000/\$212,000 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).

2025

Beneficiaries who file an individual tax return with 2023 income:	Beneficiaries who file a joint tax return with 2023 income:	Part B Income-related monthly adjustment amount (IRMAA)	Total monthly Part B premium amount	Part D IRMAA
\$106,000 or less	\$212,000 or less	\$0.00	\$185.00	\$0.00
\$106,001 - \$133,000	\$212,001 - \$266,000	\$74.00	\$259.00	\$13.70
\$133,001 - \$167,000	\$266,001 - \$334,000	\$185.00	\$370.00	\$35.30
\$167,001 - \$200,000	\$334,001 - \$400,000	\$295.90	\$480.90	\$57.00
\$200,001 - \$500,000	\$400,001 - \$750,000	\$406.90	\$591.90	\$78.60
Above \$500,000	Above \$750,000	\$443.90	\$628.90	\$85.80
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouses:				
\$106,000 or less		\$0.00	\$185.00	\$0
\$106,001 - \$394,000		\$406.90	\$591.90	\$76.60
Above \$394,000		\$443.90	\$628.90	\$85.80

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

Medicare Supplement (Medigap) Comparison Chart

The chart shows what each Medicare supplement plan covers. A round dot means 100% coverage. A blank space means it is not a covered benefit of the plan.
50% or 75% indicates the percent of coverage. For ex) Plan L pays 75% of the \$1,676 hospital deductible in 2025.

BENEFITS (2025 Medicare Costs)	PLANS								Requires Medicare eligibility before 2020	
	A	B	D	G ⁽¹⁾	K	L	M	N	C	F ⁽¹⁾
Medicare Part A Hospital Inpatient Coinsurance	●	●	●	●	●	●	●	●	●	●
days 61-90 (\$419/day) days 91-150										
(\$838/day plus an extra 365 days										
Medicare Part B Coinsurance (20%)	●	●	●	●	50%	75%	●	copays apply ⁽²⁾	●	●
Blood (First 3 Pints)	●	●	●	●	50%	75%	●	●	●	●
Medicare Part A Hospice Coinsurance 5% inpatient respite and \$5/prescription	●	●	●	●	50%	75%	●	●	●	●
Medicare Part A Skilled Nursing Facility Coinsurance days 21-100 (\$209.50 /day)			●	●	50%	75%	●	●	●	●
Medicare Part A Hospital Inpatient Deductible days 1-60 (\$1,676)		●	●	●	50%	75%	50%	●	●	●
Medicare Part B Annual Deductible \$257									●	●
Medicare Part B Excess Charges (up to 15%)				●						●
Foreign Travel Emergency ⁽³⁾			●	●			●	●	●	●
Out-of-pocket limit in 2025 ⁽⁴⁾					\$7220 ⁽⁴⁾	\$3610 ⁽⁴⁾				

⁽¹⁾ Plan F and G High Deductible (HD): After the deductible is met [\$2,870 in 2025], the plan pays 100% of covered services for the rest of the calendar year. Payment of the Medicare Part B annual deductible will count toward the HD F and G Plan

⁽²⁾ 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.

⁽³⁾ 80% coverage for emergency care within the first 60 days of travel in a foreign country after a \$250 deductible met. \$50,000 life time coverage maximum.

⁽⁴⁾ Plan K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

SAMPLE PREMIUMS on the following pages are from the California Dept. of Insurance on November 14, 2024 for the 95126 zip code. Request accurate quotes for your own age and zip code from your agent or insurance company.

Some companies offer discounts for households, electronic bill payment, full annual payments, and sometimes dental/vision benefits. Contact plans for more details.

LEGEND:

* Plan 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.

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

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

- Certain professional and religious organizations offer additional Medigap policies to their members.
- Premium varies with age, zip code, and sometimes with smoking habit.

Sample Premiums (\$ / month)

PLANS											Only if Eligible for Medicare before 2020			*Plan Rating
	Age	A	B	D	G	G ⁽¹⁾	K	L	M	N	C	F	F ⁽¹⁾	
Accendo Insurance Co. (800) 264-4000 <i>aetnaseniorproducts.com</i>	<65	458			555					394		605		AA
	65	187			227					152		247		
	70	199			241					170		262		
	75	233			283					201		308		
	80	274			332					235		361		
Ace Property & Casualty Insurance Co. (800) 601-3372 <i>chubb.com/microsites/ ace-medicare-supplement</i>	<65	271			322	103				253		412		AA
	65	108			129	41				101		165		
	70	132			157	50				123		200		
	75	159			190	61				149		242		
	80	188			224	72				176		287		
AMERICAN RETIREMENT LIFE Insurance Co. (866) 459-4272	<65	428			465	169				377		591		AA
	65	171			186	68				151		236		
	70	212			230	84				187		293		
	75	258			280	102				227		356		
	80	313			341	124				276		433		
(+) Blue Cross of CA (888) 211-9813 <i>anthem.com</i>	<65	328			549					411		667		AA
	65	118			160					165		219		
	70	144			194					201		267		
	75	175			236					244		325		
	80	212			286					296		393		
(+) California Physicians Service (800) 443-5005 <i>blueshieldca.com</i>	<65	494		845	828		384			692	988	987	214	AA
	65	110		185	147		80			144	220	197	45	
	70	139		232	196		103			186	271	236	62	
	75	190		298	252		137			246	349	301	83	
	80	218		363	337		166			294	424	416	95	
Cigna Health and Life Insurance Co. (866) 459.4272 <i>cigna.com</i>	<65	328			353					265		433	102	AA
	65	145			156					111		191	45	
	70	176			190					135		233	55	
	75	214			231					164		283	66	
	80	248			268					195		328	77	
Continental Life Ins. Co. of Brentwood Tennessee (800) 264-4000 <i>aetnaseniorproducts.com</i>	<65	337	426		454					353		596		AA
	65	177	224		239					176		314	60	
	70	214	271		289					215		379	72	
	75	260	329		350					265		460	88	
	80	299	378		403					311		529	101	
Elips Life Insurance Co. (855) 774-4491 <i>lumico.com</i>	<65	422			424	141				327		504		AA
	65	169			170	56				131		201		
	70	205			207	68				159		245		
	75	254			255	84				197		302		
	80	316			318	105				245		377		
Everence Association Inc. (800) 348-7468 <i>everence.com</i>	<65	358			384					300		412		AA
	65	179			192					143		206		
	70	217			242					179		259		
	75	268			288					221		309		
	80	313			336					264		361		
First Health Life & Health Insurance Co. (855) 369-4835 <i>aetnaseniorproducts.com</i>	<65	245	321		375					239		426		AA
	65	168	191		205					125		239		
	70	192	223		241					148		281		
	75	214	254		278					172		322		
	80	227	279		311					194		358		

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Sample Premiums (\$ / month)

PLANS											Only if Eligible for Medicare before 2020			*Plan Rating
	Age	A	B	D	G	G ⁽¹⁾	K	L	M	N	C	F	F ⁽¹⁾	
Globe Life and Accident Insurance Co. (800) 801-6831 globecaremedsupp.com	<65	258	383		405					295	433	437		AA
	65	129	189		190	35				135	210	212	32	
	70	169	228		229	47				163	249	251	44	
	75	184	268		269	60				193	289	290	56	
	80	185	273		291	72				211	310	312	67	
(+) Health Net Life Ins. (800) 926-4178 healthnet.com	<65	270		420	344	184				364		386	166	AA
	65	133		156	170	68				135		190	82	
	70	161		192	204	85				167		229	99	
	75	200		248	254	108				214		285	123	
	80	225		286	286	125				247		320	138	
Humana Benefit Plan of IL (888) 310-8482 humana.com	<65	289			353	107				280		395		AA
	65	153			162	50				118		187		
	70	159			168	54				122		194		
	75	186			201	65				151		229		
	80	217			243	75				187		275		
Humana Insurance Co. (888) 310-8482 humana.com	<65	319	343		363	96	175	254		268	428	434	107	AA
	65	173	189		197	52	95	138		145	235	239	58	
	70	207	225		236	62	114	165		174	281	286	70	
	75	245	267		279	74	135	195		206	332	339	82	
	80	283	308		322	85	155	225		238	383	391	95	
Individual Assurance Co., Life, Health & Accident (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		
Loyal American Life Insurance Co. (866) 459-4272 cignasupplemental benefits.com	<65	326			368					268		448		AA
	65	189			188					135		239		
	70	222			223					159		279		
	75	255			264					188		325		
	80	287			308					221		377		
Manhattan Life Assurance Co. of America (800) 877-7703 manhattanlife.com	<65	345			347					276		418		AA
	65	148			148					115		183		
	70	167			168					130		207		
	75	205			206					159		254		
	80	250			252					197		313		
National Health Ins. Co. (888) 376-3300 natgenhealth.com	<65	462			516					407		605	177	AA
	65	185			206					163		242	71	
	70	200			223					176		262	77	
	75	241			269					212		315	92	
	80	283			316					250		371	109	
Oxford Life Insurance Co. (800) 308-2318 oxfordlife.com	<65	319			254					310		507		AA
	65	199			152					148		276		
	70	236			164					174		327		
	75	280			199					206		386		
	80	307			227					239		441		

Sample Premiums (\$ / month)

PLANS											Only if Eligible for Medicare before 2020			*Plan Rating
Age	A	B	D	G	G ⁽¹⁾	K	L	M	N	C	F	F ⁽¹⁾		
Physicians Life Ins. Co. (800) 325-6300 physiciansmutual.com	<65	220			289					239		332		AA
	65	157			171					141		196		
	70	169			184					152		211		
	75	196			215					178		247		
	80	214			249					206		286		
State Farm Mutual Automobile Insurance Contact local agent statefarm.com	<65	243		371	373					285	445	450		AA
	65	102		136	136					104	187	189		
	70	129		172	173					132	235	238		
	75	149		205	206					158	273	275		
	80	167		234	235					182	307	310		
Tier One Insurance Co. (833) 504-0336 aflacmedicaresupplement.com	<65	457			512					365		563		AA
	65	168			170					129		203		
	70	195			197					147		226		
	75	239			242					181		275		
	80	289			292					216		326		
Transamerica Life Ins. Co (800) 797-2643 transamerica.com	<65	248			352			195		226	388	390		IA
	65	120			170			94		109	187	188		
	70	152			215			120		138	237	239		
	75	187			265			147		170	292	294		
	80	221			313			174		201	345	347		
United American Insurance Co. (800) 755-2137 unitedamerican.com	<65	258	369	486	481					387	555	606		AA
	65	131	177	210	200	43	108	153		164	239	248	43	
	70	166	227	275	262	58	143	202		216	307	318	58	
	75	186	259	323	307	74	157	222		254	357	369	74	
	80	190	270	361	344	89	163	231		288	397	410	89	
(+) UnitedHealthcare Insurance Co. (AARP) (800) 523-5800 uhc.com	<65	227	316		300		119				381	383		CR
	65	116	162		153		61	108		130	195	196		
	70	143	200		189		75	133		160	241	242		
	75	227	316		300		119	210		254	381	383		
	80	227	316		300		119	210		254	381	383		
United World Life Insurance Co. (800) 667-2937 mutualofomaha.com	<65	311			365					271		458		AA
	65	125			146	49				108		183		
	70	154			182	55				135		227		
	75	187			220	65				164		275		
	80	222			262	76				195		327		
USAA Life Insurance Co. (800) 531-8722 usaa.com	<65	195			424					245		347		AA
	65	109			144					137		194		
	70	127			156					161		227		
	75	152			188					192		271		
	80	176			233					222		314		
Washington National Insurance Co. (800) 852-6285 bankerslife.com	<65	331			354	89				287		390		AA
	65	133			142	36				115		156		
	70	171			183	43				149		189		
	75	208			223	52				188		229		
	80	240			257	63				229		274		

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2025 Medicare Part D Stand-Alone Prescription Drug Plans

Requires Medicare Part A and/or Part B to be eligible for Part D

For use by HICAP Counselors in assisting Medicare beneficiaries. See Plan Formulary, Evidence of Coverage or Medicare Plan Finder for details

Organization Name Telephone No. Website	Plan Name	Plan Contract/ID	Monthly Premium	Annual Deductible (3)	Offers Deductible Exemption	Copays and coinsurance amount in Initial Coverage Phase after meeting annual deductible and prior to reaching \$2,000 Max Out-of-Pocket (MOOP) limit (2)(4)					Extra Help (LIS) (1)	Star Rating
						Tier 1	Tier 2	Tier 3	Tier 4	Tier 5		
Anthem Blue Cross 833-668-2397 shop.anthem.com/Medicare	MediBlue Rx Standard*	S5596-087	\$135.60	\$590	No	\$1	\$4	17%	39%	25%		3.5
	MediBlue Rx Plus*	S5596-088	\$164.90	\$120	T1, T2	\$0	\$4	15%	37%	31%		3.5
Blue Shield of California 888-292-7591 blueshieldca.com/Medicare	Rx Plus*	S2468-003	\$161.70	\$590	T1	\$3	\$14	18%	47%	25%		3.0
	Rx Enhanced*	S2468-004	\$183.50	\$0	N/A	\$2	\$7	\$43	47%	33%		3.0
Cigna 800-735-1459 cigna.com/Medicare	Healthcare Assurance Rx*	S5617-158	\$1.80	\$590	No	\$0	\$2	16%	49%	25%	Yes	2.5
	Healthcare Saver Rx*	S5617-382	\$20.60	\$590	T1, T2	\$0	\$5	17%	41%	25%		2.5
	Healthcare Extra Rx*	S5617-277	\$140.90	\$175	T1, T2	\$1	\$8	18%	47%	31%		2.5
Clear Spring 877-317-6082 clearspringhealthcare.com/ Not allowed to accept new members. Call plan for details	Value Rx* (Sanctioned plan)	S6946-027	\$4.00	\$590	No	\$1	\$3	18%	39%	25%	Yes	1.5
	Premier Rx* (Sanctioned plan)	S6946-093	\$70.60	\$590	T1, T2	\$0	\$3	15%	35%	25%		1.5
Humana 800-706-0872 humana.com/Medicare	Value Rx Plan*	S5884-211	\$94.00	\$573	T1, T2	\$0	\$0	18%	35%	26%		3.5
	Basic Rx Plan*	S5884-114	\$110.20	\$590	No	\$0	\$1	22%	46%	25%		3.5
	Premier Rx Plan*	S5884-178	\$164.20	\$0	N/A	\$0	\$4	\$45	50%	33%		3.5
SilverScript 833-526-2445 aetnamedicare.com	Choice*	S5601-064	\$53.60	\$590	No	\$5	\$10	18%	31%	25%		2.5
UnitedHealthcare (AARP) 800-753-8004 aarpmedicareplans.com	Medicare Rx Preferred from UHC*	S5921-413	\$115.40	\$0	N/A	\$5	\$10	\$47	40%	33%		2.0
	Medicare Rx Saver from UHC*	S5921-376	\$124.80	\$590	No	\$2	\$7	17%	36%	25%		2.0
WellCare 800-270-5320 wellcare.com/PDP	Classic*	S4802-094	\$16.80	\$590	No	\$0	\$5	21%	35%	25%	Yes	3.5
	Value Script*	S4802-163	\$17.40	\$590	T1, T2	\$0	\$5	25%	35%	25%		3.5
	Medicare Rx Value Plus*	S4802-235	\$117.60	\$590	T1,T2,T3	\$0	\$4	15%	50%	25%		3.5

2025 Medicare Part D Stand-Alone Prescription Drug Plans

Requires Medicare Part A and/or Part B to be eligible for Part D

NOTES:

1 Benchmark plan: Plans with a "Yes" in the Extra Help/LIS column offer a \$0 premium for those with full Low-Income Subsidy (LIS Extra Help for Part D), full Medi-Cal, or a Medicare Savings Program (MSP, e.g. QMB, SLMB, or QI). In 2025 in CA, the Benchmark LIS Premium subsidy amount is \$29.66. Individuals with an MSP, full Medi-Cal or full Extra Help in non-benchmark plans will generally pay the standard premium minus the benchmark subsidy. Lower copays would still apply. Contact HICAP for more information.

2 Pharmacy cost: In the Initial Coverage Phase, the lowest possible copayments and coinsurance for formulary medications are shown, e.g., when a prescription is filled at a Plan's Preferred Cost Sharing Pharmacy if it has one.

3 Annual Deductible: Initial Medicare drug phase where you pay the full retail cost of formulary medications before the plan provides cost sharing. Some plans offer a deductible exemption for certain drug tiers.

4 Initial Coverage Phase: You enter this phase once you've met the annual deductible, or for certain medications that are exempt from the Deductible depending on the Plan. In 2025, once your total out-of-pocket costs for formulary medications in the Deductible Phase and Initial Coverage Phase reach the \$2000 max out-of-pocket (MOOP) limit, your costs become \$0 for the remainder of the year.

Coverage Gap Phase (Donut Hole): This phase of a Medicare drug plan has been eliminated in 2025.

*** Insulin:** Part D plans must not apply a deductible to any Part D covered insulin product and must charge no more than \$35 for a one-month supply of each covered insulin product in the Initial Coverage Phase. Verify that the insulin product is in the Plan's formulary before enrolling.

Part D Late Enrollment Penalty: Part D enrollees who signed up late will pay an additional \$0.37 in 2025 for each month they could have enrolled in Part D but did not (unless other creditable drug coverage existed). The \$0.37 penalty is 1% of the annual National Base Beneficiary Premium (\$36.78 in 2025). The penalty is adjusted each year and remains for life.

Medicare Prescription Payment Plan: Beginning in 2025, all Part D plans will offer an optional prescription payment plan to help manage out-of-pocket (OOP) drug costs by spreading them over the calendar year. Instead of paying at the pharmacy, you get a monthly bill from the Plan. Monthly payments can vary depending on the amount owed each month, and the number of months remaining in the year. You will still never pay more than \$2000 in OOP costs for formulary drugs in 2025. The Plan premium is not part of the Prescription Payment Plan and must be paid separately. Contact the Plan for details on how to enroll. See following for additional details: <https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf>.



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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	AARP Medicare Advantage from UHC CA-010P (HMO-POS)	Advantage Care (HMO)	Aetna Medicare Plus II (HMO-POS)
Plan ID	UnitedHealthcare Plan ID: H0543-193-0	Align Senior Care Plan ID: H3274-005-0	Aetna Medicare Plan ID: H4982-030-0
Star rating	Star rating: 3 stars	Star rating: Not enough data available	Star rating: 2.5 stars
Plan website	http://aarpmedicareplans.com/	https://alignseniorcare.com/	http://www.aetnamedicare.com/
Non-members	1-800-555-5757	1-844-305-3879	1-833-859-6031
Members	1-866-261-7709	1-844-305-3879	1-833-570-6670
Contracted Medical Groups (verify with Plan & Provider):	PMGSJ (Confirm with plan)	(Confirm with plan)	SCCIPA (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$46
HEALTH PREMIUM:	\$0	\$0	27.60
DRUG PREMIUM:	\$0	\$0	18.40
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$340	\$0	\$590
Maximum-out-of-Pocket Limit	\$2,500 In-network	\$1,900.00	\$3,900.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$95 per day, days 1-5 \$0 per day, days 6-90 \$0 per day, days 91 and beyond	\$0 copay per stay	\$415 per day, days 1-7 \$0 per day, days 8-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$203 per day, days 21-100	\$0 per day, days 1-100	\$20 per day, days 1-20 \$214 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0-150 copay	20% coinsurance	\$0 copay
Emergency Care	\$140 copay	\$90 copay	\$140 copay
Urgent Care	\$0-30 copay	\$40 copay	\$65 copay
Durable Medical Equipment	20% coinsurance	20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$120 copay	\$125 copay	\$300 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	Not covered	\$0 copay
Hearing Aids	\$199-\$1249 copay	Not covered	\$0 copay
Preventive Dental	In & Out-of-network \$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	In-network \$0/Out-of-network 20%: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Not covered	Some coverage
Transportation Services	Not covered	Some coverage	Not covered
Over the Counter Drug Benefits	Some coverage	Some coverage	Not covered
Worldwide emergency	Some coverage	Not covered	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-29% (T1 \$0 / T2 \$0-8 / T3 \$0-47 / T4 \$0-100- / T5 \$0-29%)	\$0-25% (T1 \$0 / T2 \$0-10 / T3 \$0-45 / T4 - \$0-95 / T5 \$0-25%)	\$0-25% (T1 & T2 \$0 / T3 \$0-24% / T4 - \$0-25% / T5 \$0-25%)

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 pages linked from [medicare.gov](https://www.medicare.gov)

2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Alignment Health Harmony (HMO)	Alignment Health Heroes+ (HMO)	Alignment Health My Choice CalPlus (HMO)
Plan ID	Alignment Health Plan Plan ID: H3815-031-0	Alignment Health Plan Plan ID: H3815-043-0	Alignment Health Plan Plan ID: H3815-007-0
Star rating	Star rating: 4 stars	Star rating: 4 stars	Star rating: 4 stars
Plan website	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/
Non-members	1-888-979-2247	1-888-979-2247	1-888-979-2247
Members	1-866-634-2247	1-866-634-2247	1-866-634-2247
Contracted Medical Groups (verify with Plan & Provider):	AHPN, CA IPA, ElCam, NCPG, OM, PMGSJ, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, ElCam, NCPG, OM, PMGSJ, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, ElCam, NCPG, OM, PMGSJ, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$0	\$590	\$0
Maximum-out-of-Pocket Limit	\$3,400.00	\$5,900.00	\$3,499.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$100 per day, for days 1-5 \$0 per day, days 6-90	\$1676 deductible for days 1-60 \$419 per day, days 61-90	\$0 per day, for days 1-4 \$100 per day, days 5-10 \$0 per day, 11-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-20 \$50 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$0 copay	\$0 copay
Emergency Care	\$100 copay	20% coinsurance	\$85 copay
Urgent Care	\$0 copay	20% coinsurance	\$0 copay
Durable Medical Equipment	20% coinsurance	20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$175 copay	20% coinsurance	\$175 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$195-\$1170 copay	Not covered	\$195-\$1750 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Some coverage
Transportation Services	Some coverage	Some coverage	Some coverage
Over the Counter Drug Benefits	Some coverage	Not covered	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-33% (T1 \$0 / T2 \$0-3 / T3 \$0-40 / T4 - \$0-100 / T5 \$0-33%)	\$0-25% (T1 \$0 / T2 \$0-10 / T3-T5 \$0-25%)	\$0-33% (T1 \$0 / T2 \$0-3 / T3 \$0-40 / T4 - \$0-100 / T5 \$0-33%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Alignment Health smartHMO (HMO)	Alignment Health Sutter Advantage (HMO)	Alignment Health the ONE + Rite Aid (HMO)
Plan ID	Alignment Health Plan Plan ID: H3815-040-0	Alignment Health Plan Plan ID: H3815-020-0	Alignment Health Plan Plan ID: H3815-034-0
Star rating	Star rating: 4 stars	Star rating: 4 stars	Star rating: 4 stars
Plan website	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/
Non-members	1-888-979-2247	1-888-979-2247	1-888-979-2247
Members	1-866-634-2247	1-866-634-2247	1-866-634-2247
Contracted Medical Groups (verify with Plan & Provider):	AHPN, CA IPA, EICam, NCPG, OM, SCCIPA, SMG (Confirm with plan)	AHPN, PAMF, SUT (Confirm with plan)	AHPN, CA IPA, EICam, NCPG, OM, PMGSJ, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$49	\$0
HEALTH PREMIUM:	\$0	\$49	\$0
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$0	\$0
Maximum-out-of-Pocket Limit	\$3,999.00	\$4,900.00	\$3,400.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$200 per day, days 1-5 \$0 per day, days 6-90	\$225 per day, days 1-5 \$0 per day, days 6-90	\$0 per day, for days 1-4 \$100 per day, days 5-10 \$0 per day, 11-90
Skilled Nursing Facility	\$20 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1-20 \$160 per day, days 21-57 \$0 per day, days 58-100	\$0 copay
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$5 copay	\$0 copay
Specialist Visit	\$5 copay	\$20 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$150 copay	\$0 copay
Emergency Care	\$120 copay	\$90 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Durable Medical Equipment	20% coinsurance	0-20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$100 copay	\$250 copay	\$75 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	Not covered	Not covered	\$0 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	Not covered
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Some coverage
Transportation Services	Not covered	Not covered	Some coverage
Over the Counter Drug Benefits	Not covered	Some coverage	Some coverage
Worldwide emergency	Not covered	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-25% (T1 \$0 / T2 \$0-3 / T3 \$0-45 / T4 \$0-100 / T5 \$0-25%)	\$0-33% (T1 \$0 / T2 \$0-5 / T3 \$0-40 / T4 \$0-100 / T5 \$0-33%)	\$0-33% (T1 \$0 / T2 \$0-1 / T3 \$0-40 / T4 \$0-100 / T5 \$0-33%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Anthem Medicare Advantage (HMO-POS)	Anthem Prime (HMO-POS)	Astiva Health Premier Plan - NorCal (HMO)
Plan ID	Anthem Blue Cross Plan ID: H0544-108-0	Anthem Blue Cross Partnership Plan Plan ID: H4161-010-0	Astiva Health Plan ID: H1993-012-0
Star rating	Star rating: 3 stars	Star rating: 3 stars	Star rating: 4 stars
Plan website	https://shop.anthem.com/medicare/ca	https://shop.anthem.com/medicare	https://astivahealth.com/
Non-members	1-855-593-0898	1-855-593-0898	1-866-610-0655
Members	1-800-499-2793	1-833-707-3129	1-866-688-9021
Contracted Medical Groups (verify with Plan & Provider):	NEMS, PMGSJ, SMG (Confirm with plan)	NEMS, PMGSJ, SMG (Confirm with plan)	PPIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$0	\$0	\$0
Maximum-out-of-Pocket Limit	\$2,899.00	\$800.00	\$1,500.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$95 per day, days 1-5 \$0 per day, days 6-90	\$0 copay per stay	\$0 per day, for days 1-4 \$100 per day, days 5-15 \$0 per day, 16-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1-20 \$50 per day, days 21-100	\$0 per day, days 1-20 \$214 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$0-50 copay	\$0-50 copay
Emergency Care	\$90 copay	\$90 copay	\$85 copay per visit
Urgent Care	\$10 copay	\$25 copay	\$0 copay
Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$175 copay	\$150 copay	\$150 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	\$0 copay	\$0 copay
Preventive Dental	In-network \$0/Out-of-network 20%: Oral Exam, Cleaning	In-network \$0/Out-of-network 20-50%: Oral Exam, Cleaning, Fluoride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Fluoride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	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
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-35% (T1 \$0 / T2 \$0-4 / T3 \$0-20% / T4 \$0-35% / T5 \$0-33%)	\$0-33% (T1 & T2 \$0 / T3 \$0-20% / T4 \$0-25% / T5 \$0-33%)	\$0-33% (T1 & T2 \$0 / T3 \$0-35 / T4 - \$0-95 / T5 \$0-33%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Astiva Health Savings Plan - NorCal (HMO)	Blue Shield Inspire (HMO)	Central Health Classic Care Plan II (HMO)
Plan ID	Astiva Health Plan ID: H1993-011-0	Blue Shield of California Plan ID: H0504-047-0	Central Health Medicare Plan Plan ID: H5649-028-0
Star rating	Star rating: 4 stars	Star rating: 3.5 stars	Star rating: 2.5 stars
Plan website	https://astivahealth.com/	http://blueshieldca.com/medicare	http://www.centralhealthplan.com/
Non-members	1-866-610-0655	1-888-534-4263	1-888-714-7550
Members	1-866-688-9021	1-800-776-4466	1-866-314-2427
Contracted Medical Groups (verify with Plan & Provider):	PPIPA, SMG (Confirm with plan)	PMGSJ, SCCIPA (Confirm with plan)	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$38	\$0
HEALTH PREMIUM:	\$0	24.40	\$0
DRUG PREMIUM:	\$0	13.60	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$0	\$0	\$100
Maximum-out-of-Pocket Limit	\$3,000.00	\$5,700.00	\$2,499.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 per day, days 1-4 \$200 per day, days 5-15 \$0 per day, days 16-150	\$190 per day, days 1-5 \$0 per day, days 6-90	\$150 per day, days 1-6 \$0 per day, days 7-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$214 per day, days 21-100	\$0 per day, days 1-20 \$200 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$10 copay
Diagnostic Radiology (like MRI)	\$0-75 copay	\$45 copay	\$0-200 copay
Emergency Care	\$90 copay per visit	\$125 copay	\$0-140 copay
Urgent Care	\$25 copay	\$0 copay	\$0 copay
Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$160 copay	\$275 copay	\$0-250 copay
EXTRA BENEFITS:			
Hearing Exams	Not covered	\$0 copay	\$0 copay
Hearing Aids	Not covered	Not covered	\$575-2099 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Some coverage
Transportation Services	Not covered	Not covered	Some coverage
Over the Counter Drug Benefits	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-33% (T1 & T2 \$0 / T3 \$0-40 / T4 - \$0-95 / T5 \$0-33%)	\$0-33% (T1 \$0 / T2 \$0-10 / T3 \$0-40 / T4 \$0-95 / T5 \$0-33%)	\$0-31% (T1 & T2 \$0 / T3 \$0-35 / T4 \$0-100 / T5 \$0-31%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Central Health Premier Plan I (HMO)	Imperial Dynamic Plan (HMO)	Imperial Giveback (HMO)
Plan ID	Central Health Medicare Plan Plan ID: H5649-023-0	Imperial Health Plan of California, Inc. Plan ID: H5496-012-0	Imperial Health Plan of California, Inc. Plan ID: H5496-014-0
Star rating	Star rating: 2.5 stars	Star rating: 3.5 stars	Star rating: 3.5 stars
Plan website	http://www.centralhealthplan.com/	http://www.imperialhealthplan.com/	http://www.imperialhealthplan.com/
Non-members	1-888-714-7550	1-800-838-5914	1-800-838-5914
Members	1-866-314-2427	1-800-838-8271	1-800-838-8271
Contracted Medical Groups (verify with Plan & Provider):	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)	CIPA, IHH, MPIPA, PPIPA, SMG (Confirm with plan)	CIPA, IHH, MPIPA, PPIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$257
DRUG DEDUCTIBLE:	\$100	\$0	\$590
Maximum-out-of-Pocket Limit	\$2,999.00	\$297.00	\$9,350.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 per day, days 1-4 \$100 per day, days 5-10 \$0 per day, days 11-90	\$0 per day, days 1-90	\$1676 deductible, days 1-60 \$419 per day, days 61-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-20 \$100 per day, days 21-50 \$200 per day, days 51-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	20% coinsurance
Specialist Visit	\$0 copay	\$0 copay	20% coinsurance
Diagnostic Radiology (like MRI)	\$0-150 copay	\$0 copay	20% coinsurance
Emergency Care	\$0-125 copay	\$125 copay	20% coinsurance
Urgent Care	\$0 copay	\$0 copay	20% coinsurance
Durable Medical Equipment	0-20% coinsurance	20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$0-300 copay	\$150 copay	20% coinsurance
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	\$0 copay	\$0 copay
Preventive Dental	\$0-17 copay Oral Exam, \$0 copay Cleaning, \$0-13 copay Flouride treatment, \$0-41 copay X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Not covered
Transportation Services	Some coverage	Some coverage	Not covered
Over the Counter Drug Benefits	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Not covered
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-31% (T1 & T2 \$0 / T3 \$0-35 / T4 \$0-75 / T5 \$0-31%)	\$0-33% (T1 \$0 / T2 \$0-6 / T3 \$0-45 / T4 \$0-90 / T5 \$0-33%)	\$0-25% (T1-T5 \$0-25%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	Imperial Traditional (HMO)	Kaiser Permanente Sr Adv Basic Santa Clara (HMO)	Kaiser Permanente Sr Adv Enhanced Santa Clara (HMO)
Plan ID	Imperial Health Plan of California, Inc. Plan ID: H5496-007-0	Kaiser Permanente Plan ID: H0524-062-0	Kaiser Permanente Plan ID: H0524-039-0
Star rating	Star rating: 3.5 stars	Star rating: 4.5 stars	Star rating: 4.5 stars
Plan website	http://www.imperialhealthplan.com/	http://kp.org/medicare	http://kp.org/medicare
Non-members	1-800-838-5914	1-800-777-1238	1-800-777-1238
Members	1-800-838-8271	1-800-443-0815	1-800-443-0815
Contracted Medical Groups (verify with Plan & Provider):	CIPA, IHH, MPIPA, PPIPA, SMG (Confirm with plan)	KP (Confirm with plan)	KP (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$65
HEALTH PREMIUM:	\$0	\$0	\$45.70
DRUG PREMIUM:	\$0	\$0	\$19.30
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$0	\$0	\$0
Maximum-out-of-Pocket Limit	\$1,499.00	\$6,000.00	\$3,900.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 per day, days 1-3 \$150 per day, days 4-5 \$0 per day, days 6-90	\$245 per day, days 1-5 \$0 per day, days 6-90 \$0 per day, days 90 and beyond	\$215 per day, days 1-5 \$0 per day, days 6-90 \$0 per day, days 91 and beyond
Skilled Nursing Facility	\$0 per day, days 1-20 \$100 per day, days 21-50 \$200 per day, days 51-100	\$0 per day, days 1-20 \$100 per day, days 21-100	\$0 per day, days 1-20 \$100 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$5 copay	\$0 copay
Specialist Visit	\$0 copay	\$15 copay	\$5 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$10-225 copay	\$0-205 copay
Emergency Care	\$125 copay	\$125 copay	\$140 copay
Urgent Care	\$0 copay	\$5 copay	\$0 copay
Durable Medical Equipment	20% coinsurance	0-20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	\$0-47 copay or 0-20% coinsurance	\$0-47 copay or 0-20% coinsurance
Ground Ambulance	\$150 copay	\$250 copay	\$250 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	Not covered	Not covered
Hearing Aids	\$0 copay	Not covered	Not covered
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	Not covered	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$5 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	Not covered	Not covered
Fitness Benefits	Some coverage	Not covered	Not covered
Transportation Services	Some coverage	Not covered	Not covered
Over the Counter Drug Benefits	Some coverage	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-33% (T1 \$0 / T2 \$0-10 / T3 \$0-45 / T4 \$0-90 / T5 \$0-33%)	\$0-33% (T1 \$0-3 / T2 \$0-12 / T3 \$0-47 / T4 \$0-100 / T5 \$0-33%)	\$0-33% (T1 \$0 / T2 \$0-7 / T3 \$0-47 / T4 \$0-100 / T5 \$0-33%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage

Plan name	SCAN Classic (HMO)	SCAN MyChoice (HMO)	Wellcare Low Premium (HMO)
Plan ID	SCAN Health Plan Plan ID: H5425-069-0	SCAN Health Plan Plan ID: H5425-120-0	Wellcare by Health Net Plan ID: H0562-133-0
Star rating	Star rating: 4.5 stars	Star rating: 4.5 stars	Star rating: 3 stars
Plan website	http://www.scanhealthplan.com/	http://www.scanhealthplan.com/	http://www.wellcare.com/healthnetCA
Non-members	1-888-315-7226	1-888-315-7226	1-844-917-0175
Members	1-800-559-3500	1-800-559-3500	1-800-275-4737
Contracted Medical Groups (verify with Plan & Provider):	MPPCNC, NCPG, PMGSJ (Confirm with plan)	PMGSJ (Confirm with plan)	HP, PAMF, PMGSJ, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$37
HEALTH PREMIUM:	\$0	\$0	\$37
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$200
DRUG DEDUCTIBLE:	\$0	\$0	\$420
Maximum-out-of-Pocket Limit	\$1,200.00	\$1,200.00	\$4,150.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 per day, days 1-4 \$75 per day, days 5-10 \$0 per day, days 11-90	\$0 per day, days 1-4 \$75 per day, days 5-10 \$0 per day, days 11-90	\$400 per day, days 1-6 \$0 per day, days 7-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$50 per day, days 21-100	\$0 per day, days 1-20 \$50 per day, days 21-100	\$0 per day, days 1-20 \$214 per day, days 21-40 \$0 per day, days 41-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0-100 copay	\$0-100 copay	\$0-350 copay
Emergency Care	\$90 copay	\$90 copay	\$140 copay
Urgent Care	\$0 copay	\$0 copay	\$25 copay
Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$95 copay	\$95 copay	\$300 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$550-850 copay	\$550-850 copay	\$0 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, X-ray	\$0 copay: Oral Exam, Cleaning, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Some coverage
Transportation Services	Some coverage	Not covered	Not covered
Over the Counter Drug Benefits	Some coverage	Some coverage	Not covered
Worldwide emergency	Some coverage	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-50% (T1 & T2 \$0 / T3 \$0-42 / T4 \$0-50% / T5 \$0-33%)	\$0-50% (T1 & T2 \$0 / T3 \$0-42 / T4 \$0-50% / T5 \$0-33%)	\$0-35% (T1-T2 \$0 / T3 \$0-25% / T4 \$0-35% / T5 \$0-28%)

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2025 Part C Medicare Advantage HMO Plans without Part D Prescription Drug Coverage

Plan name	Central Health Valor Care Plan (HMO)	Imperial Courage Plan (HMO)
Plan ID	Central Health Medicare Plan Plan ID: H5649-030-0	Imperial Health Plan of California, Inc. Plan ID: H5496-016-0
Star rating	Star rating: 2.5 stars	Star rating: 3.5 stars
Plan website	http://www.centralhealthplan.com/	http://www.imperialhealthplan.com/
Non-members	1-888-714-7550	1-800-838-5914
Members	1-866-314-2427	1-800-838-8271
Contracted Medical Groups (verify with Plan & Provider):	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)	CIPA, IHH, MPIPA, PPIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0
HEALTH PREMIUM:	\$0	\$0
DRUG PREMIUM:	**NO PART D**	**NO PART D**
HEALTH DEDUCTIBLE:	\$0	\$0
DRUG DEDUCTIBLE:	**NO PART D**	**NO PART D**
Maximum-out-of-Pocket Limit	\$4,999.00	\$2,999.00
INPATIENT (PART A)		
Inpatient Hospitalization	\$285 per day, days 1-6 \$0 per day, days 7-90	\$150 per day, days 1-5 \$0 per day, days 6-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-20 \$200 per day, days 21-100
OUTPATIENT (PART B)		
Primary Doctor Visit	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$5 copay
Diagnostic Radiology (like MRI)	\$0-100 copay	\$0 copay
Emergency Care	\$0-125 copay	\$125 copay
Urgent Care	\$0 copay	\$0 copay
Durable Medical Equipment	0-20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$0-275 copay	\$150 copay
EXTRA BENEFITS:		
Hearing Exams	\$0 copay	\$0 copay
Hearing Aids	\$49-1549 copay	\$0 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage
Transportation Services	Not covered	Some coverage
Over the Counter Drug Benefits	Not covered	Some coverage
Worldwide emergency	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)		
Copays	**NO PART D**	**NO PART D**

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CA Health Insurance Counseling & Advocacy Program (HICAP) 1.800.434.0222
Sourcewise 3100 De La Cruz Blvd, Suite 310, Santa Clara, CA 95054

2025 Part C Medicare Advantage PPO Plans with Part D Prescription Drug Coverage

Plan name	Aetna Medicare Core (PPO)	Aetna Medicare Core II (PPO)	Alignment Health Advantage PPO (PPO)
Plan ID	Aetna Medicare Plan ID: H5521-425-0	Aetna Medicare Plan ID: H5521-581-0	Alignment Health Plan Plan ID: H8832-002-0
Star rating	Star rating: 4.5 stars	Star rating: 4.5 stars	Star rating: Plan too new to be measured
Plan website	http://www.aetnamedicare.com/	http://www.aetnamedicare.com/	http://www.alignmenthealthplan.com/
Non-members	1-833-859-6031	1-833-859-6031	1-888-979-2247
Members	1-833-570-6670	1-833-570-6670	1-866-634-2247
Contracted Medical Groups (verify with Plan & Provider):	PMGSJ, SCCIPA (Confirm with plan)	PMGSJ, SCCIPA (Confirm with plan)	AHPN, CA IPA, EICam, NCPG, OM, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$0	\$46	\$50
HEALTH PREMIUM:	\$0	35.80	\$50
DRUG PREMIUM:	\$0	10.20	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$590	\$0
Maximum-out-of-Pocket Limit	In-network \$5,900/In & Out-of-network \$8,950	In-network \$4900/In & Out-of-network \$8700	In-network \$2850/In & Out-of-network \$5150
INPATIENT (PART A)			
Inpatient Hospitalization	In-network: \$345 per day, days 1-4 \$0 per day, days 5-90 Out-of-network: 50% per stay	In-network: \$375 per day, days 1-6 \$0 per day, days 7-90 Out-of-network: \$500 per day, days 1-10 \$0 per day, days 11-90	In-network: \$75 per day, days 1-5 \$0 per day, days 6-90 Out-of-network: 40% per stay
Skilled Nursing Facility	In-network: \$10 per day, days 1-20 \$150 per day, days 21-100 Out-of-network: 50% per stay	In-network: \$10 per day, days 1-20 \$214 per day, days 21-100 Out-of-network: 45% per stay	In-network: \$0 per day, days 1-20 \$50 per day, days 21-100 Out-of-network: 40% per stay
OUTPATIENT (PART B)			
Primary Doctor Visit	In-network \$0/Out-of-network \$25	In-network \$0/Out-of-network \$15	In-network \$0/Out-of-network 40%
Specialist Visit	In-network \$0-30/Out-of-network \$65	In-network \$30/Out-of-network \$55	In-network \$0/Out-of-network 40%
Diagnostic Radiology (like MRI)	In-network \$0-200/Out-of-network 50%	In-network \$0-250/Out-of-network \$350 copay	In-network \$0/Out-of-network 40%
Emergency Care	\$125 copay per visit	\$125 copay per visit	\$75 copay
Urgent Care	\$40 copay	\$40 copay	\$0 copay
Durable Medical Equipment	In-network 0-20%/Out-of-network 50%	In-network 0-20%/Out-of-network 45%	In-network 0-20%/Out-of-network 40%
Chemotherapy Part B drugs	In-network 0-20%/Out-of-network 50%	In-network 0-20%/Out-of-network 45%	In-network 0-20%/Out-of-network 40%
Ground Ambulance	In-network/Out-of-network \$285	In-network/Out-of-network \$285	In-network: \$100 copay Out-of-network: 40%
EXTRA BENEFITS:			
Hearing Exams	In-network \$0/Out-of-network 50%	In-network \$0/Out-of-network 45%	In-network \$0/Out-of-network 40%
Hearing Aids	In & Out-of-network \$0	In & Out-of-network \$0	Not covered
Preventive Dental	In-network \$0/Out-of-network 50%: Oral Exam, Cleaning, Fluoride treatment, X-ray	In-network \$0/Out-of-network 50%: Oral Exam, Cleaning, Fluoride treatment, X-ray	Not covered
Vision: Routine eye exam	In-network \$0/Out-of-network 50%	In-network \$0/Out-of-network 45%	In-network \$0/Out-of-network 40%
Vision: Contact lenses & Eye glasses	Not covered	In & Out-of-network \$0	In-network \$0/Out-of-network 40%
Fitness Benefits	Some coverage	Some coverage	Some coverage
Transportation Services	Not covered	Not covered	Some coverage
Over the Counter Drug Benefits	Not covered	Some coverage	Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-50% (T1 \$0 / T2 \$0 / T3 24% / T4 25% / T5 25%)	\$0-25% (T1 & T2 \$0 / T3 \$0-22% / T4 & T5 \$0-25%)	\$0-33% (T1 \$0 / T2 \$0-3 / T3 \$0-40 / T4 \$0-93 / T5 \$0-33%)

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2025 Part C Medicare Advantage PPO Plans without Part D Prescription Drug Coverage

Plan name	
Aetna Medicare Eagle Plus (PPO)	
Plan ID	Aetna Medicare Plan ID: H5521-369-0
Star rating	Star rating: 4.5 stars
Plan website	http://www.aetnamedicare.com/
Non-members	1-833-859-6031
Members	1-833-570-6670
Contracted Medical Groups (verify with Plan & Provider):	PMGSJ, SCCIPA (Confirm with plan)
TOTAL PREMIUM:	\$0
HEALTH PREMIUM:	\$0
DRUG PREMIUM:	**NO PART D**
HEALTH DEDUCTIBLE:	\$0
DRUG DEDUCTIBLE:	**NO PART D**
Maximum-out-of-Pocket Limit	In-network \$6750/In & Out-of-network \$9500
INPATIENT (PART A)	
Inpatient Hospitalization	In-network: \$430 per day, days 1-4 \$0 per day, days 5-90 Out-of-network: \$550 per day, days 1-5 \$0 per day, days 6-90
Skilled Nursing Facility	In-network: \$0 per day, days 1-20 \$203 per day, days 21-100 Out-of-network: 45% per stay
OUTPATIENT (PART B)	
Primary Doctor Visit	In-network \$0/Out-of-network 50%
Specialist Visit	In-network \$40/Out-of-network 50%
Diagnostic Radiology (like MRI)	In-network \$0-\$150/Out-of-network 50%
Emergency Care	\$125 copay per visit
Urgent Care	\$40 copay
Durable Medical Equipment	In-network 0-20%/Out-of-network 40%
Chemotherapy Part B drugs	In-network 0-20%/Out-of-network 50%
Ground Ambulance	\$265 copay
EXTRA BENEFITS:	
Hearing Exams	In-network \$0/Out-of-network 50%
Hearing Aids	In-network \$0/Out-of-network \$0
Preventive Dental	In-network \$0/Out-of-network 20%: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	In-network \$0/Out-of-network 50%
Vision: Contact lenses & Eye glasses	In-network \$0/Out-of-network \$0
Fitness Benefits	Some coverage
Transportation Services	Not covered
Over the Counter Drug Benefits	Some coverage
Worldwide emergency	Some coverage
PRESCRIPTION DRUGS (PART D)	
Copays	**NO PART D**

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional

Plan name	Alignment Health BreathEasy (HMO C-SNP)	Alignment Health Clarity (HMO C-SNP)	Alignment Health Heart & Diabetes (HMO C-SNP)
Plan ID	Alignment Health Plan Plan ID: H3815-041-0	Alignment Health Plan Plan ID: H3815-042-0	Alignment Health Plan Plan ID: H3815-010-0
Star rating	Star rating: 4 stars	Star rating: 4 stars	Star rating: 4 stars
Plan website	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/
Non-members	1-888-979-2247	1-888-979-2247	1-888-979-2247
Members	1-866-634-2247	1-866-634-2247	1-866-634-2247
Contracted Medical Groups (verify with Plan & Provider):	AHPN, CA IPA, ElCam, NCPG, OM, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, ElCam, NCPG, OM, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, ElCam, NCPG, OM, PMG, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$18.10	\$24.10	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$18.10	\$24.10	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$590	\$0
Maximum-out-of-Pocket Limit	\$8,850.00	\$8,850.00	\$790.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$1676 deductible for days 1-60 \$419 per day, days 61-90	\$1676 deductible for days 1-60 \$419 per day, days 61-90	\$0 copay
Skilled Nursing Facility	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-31 \$50 per day, days 32-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$0 copay	\$0 copay
Emergency Care	20% coinsurance	20% coinsurance	\$20 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Durable Medical Equipment	20% coinsurance	20% coinsurance	0-20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	20% coinsurance	20% coinsurance	\$100 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	\$0 copay	Not covered
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$10 copay Oral Exam, \$20 copay Cleaning, \$10 copay Flouride treatment, \$30 copay X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	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
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-25% (T1-T5 \$0-25%)	\$0-25% (T1-T5 \$0-25%)	\$0-33% (T1 & T2 \$0 / T3 \$0-30 / T4 \$0-100 / T5 \$0-33%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional

Plan name	Alignment Health Heart & Diabetes CalPlus (HMO C-SNP)	Alignment Health Heart & Diabetes Care (HMO C-SNP)	Alignment Health Silicon (HMO C-SNP)
Plan ID	Alignment Health Plan Plan ID: H3815-039-0	Alignment Health Plan Plan ID: H3815-048-0	Alignment Health Plan Plan ID: H3815-045-0
Star rating	Star rating: 4 stars	Star rating: 4 stars	Star rating: 4 stars
Plan website	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/	http://www.alignmenthealthplan.com/
Non-members	1-888-979-2247	1-888-979-2247	1-888-979-2247
Members	1-866-634-2247	1-866-634-2247	1-866-634-2247
Contracted Medical Groups (verify with Plan & Provider):	AHPN, CA IPA, EICam, NCPG, OM, PMG, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, EICam, NCPG, OM, PMG, SCCIPA, SMG (Confirm with plan)	AHPN, CA IPA, EICam, NCPG, OM, SCCIPA, SMG (Confirm with plan)
TOTAL PREMIUM:	\$29.70	\$0.00	\$29.70
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$29.70	\$0	\$29.70
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$0	\$590
Maximum-out-of-Pocket Limit	\$7,350.00	\$990.00	\$8,850.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$275 per day, days 1-6 \$0 per day, days 7-90	\$0 copay	\$1676 deductible for days 1-60 \$419 per day, days 61-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-31 \$50 per day, days 32-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$0 copay	\$0 copay
Emergency Care	20% coinsurance	\$70 copay	20% coinsurance
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Durable Medical Equipment	20% coinsurance	0-20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	20% coinsurance	\$100 copay	20% coinsurance
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	Not covered	\$0 copay
Preventive Dental	\$10 copay Oral Exam, \$20 copay Cleaning, \$10 copay Flouride treatment, \$30 copay X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	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
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-25% (T1-T5 \$0-25%)	\$0-33% (T1 \$0 / T2 \$0-5 / T3 \$0-30 / T4 \$0-75 / T5 \$0-33%)	\$0-33% (T1 & T2 \$0 / T3 \$0-35 / T4 \$0-75 / T5 \$0-33%)

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

2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional

Plan name	Astiva Health C-SNP WOW - NorCal (HMO C-SNP)	Central Health Embrace Care Plan (HMO C-SNP)	Central Health Embrace Choice Plan (HMO C-SNP)
Plan ID	Astiva Health Plan ID: H1993-013-0	Central Health Medicare Plan Plan ID: H5649-025-2	Central Health Medicare Plan Plan ID: H5649-026-2
Star rating	Star rating: 4 stars	Star rating: 2.5 stars	Star rating: 2.5 stars
Plan website	https://astivahealth.com/	http://www.centralhealthplan.com/	http://www.centralhealthplan.com/
Non-members	1-866-610-0655	1-888-714-7550	1-888-714-7550
Members	1-866-688-9021	1-866-314-2427	1-866-314-2427
Contracted Medical Groups (verify with Plan & Provider):	(Confirm with plan)	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)
TOTAL PREMIUM:	\$29.70	\$0	\$13.40
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$29.70	\$0	\$13.40
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$0	\$590
Maximum-out-of-Pocket Limit	\$9,350.00	\$2,750.00	\$9,350.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$1676 deductible for days 1-60 \$419 per day, days 61-90 \$816 per day, days 91-150	\$0 per day, days 1-5 \$200 per day, days 6-9 \$35 per day, days 10-90	\$0 per day, days 1-5 \$200 per day, days 6-9 \$35 per day, days 10-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$214 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	0-35% copay
Diagnostic Radiology (like MRI)	20% coinsurance	\$0-100 copay	0-20% coinsurance
Emergency Care	\$70 copay	\$0-140 copay	\$0-110 copay
Urgent Care	\$0 copay	\$0 copay	\$0 copay
Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$200 copay	\$0-200 copay	20% coinsurance
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	\$575-\$2099 copay	\$49-\$1549 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	Not covered
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	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
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-33% (T1 & T2 \$0 / T3 \$0-35 / T4 \$0-75 / T5 \$0-33%)	\$0-33% (T1 \$0 / T2 \$0-9 / T3 \$0-47 / T4 \$0-90 / T5 \$0-33%)	\$0-25% (T1-T5 \$0-25%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional

Plan name	Central Health Focus Plan (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Premier Care (HMO I-SNP)
Plan ID	Central Health Medicare Plan Plan ID: H5649-006-0	Imperial Health Plan of California, Inc. Plan ID: H5496-005-0	Align Senior Care Plan ID: H3274-002-0
Star rating	Star rating: 2.5 stars	Star rating: 3.5 stars	Star rating: Not enough data available
Plan website	http://www.centralhealthplan.com/	http://www.imperialhealthplan.com/	https://alignseniorcare.com/
Non-members	1-888-714-7550	1-800-838-5914	1-844-305-3879
Members	1-866-314-2427	1-800-838-8271	1-844-305-3879
Contracted Medical Groups (verify with Plan & Provider):	CIPA, MPIPA, MPPCNC, NCPG, PPIPA, PMGSJ, SMG (Confirm with plan)	CIPA, MPIPA, PPIPA, SMG (Confirm with plan)	(Confirm with plan)
TOTAL PREMIUM:	\$0	\$0	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$0	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$0	\$0	\$0
Maximum-out-of-Pocket Limit	\$1,800.00	\$297.00	\$1,900.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 copay	\$0 per day, days 1-90	\$0 copay
Skilled Nursing Facility	\$0 copay	\$0 per day, days 1-20 \$100 per day, days 21-50 \$200 per day, days 51-100	\$0 per day, days 1-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0-75 copay	\$0 copay	20% coinsurance
Emergency Care	\$0-135 copay	\$125 copay	\$90 copay
Urgent Care	\$0 copay	\$0 copay	\$40 copay
Durable Medical Equipment	0-20% coinsurance	20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$0-200 copay	\$150 copay	\$125 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	Not covered
Hearing Aids	\$0 copay	\$0 copay	Not covered
Preventive Dental	\$0-17 copay Oral Exam, \$0 copay Cleaning, \$0-13 copay Flouride treatment, \$0-41 copay X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Not covered
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	Not covered
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-33% (T1 & T2 \$0 / T3 \$0-35 / T4 \$0-75 / T5 \$0-33%)	\$0-33% (T1 \$0 / T2 \$0-6 / T3 \$0-45 / T4 \$0-90 / T5 \$0-33%)	\$0-25% (T1 \$0 / T2 \$0-10 / T3 \$0-45 / T4 \$0-95 / T5 \$0-25%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional

Plan name	SCAN Balance (HMO C-SNP)	SCAN Strive (HMO C-SNP)	Senior Care (HMO I-SNP)
Plan ID	SCAN Health Plan Plan ID: H5425-070-0	SCAN Health Plan Plan ID: H5425-098-0	Align Senior Care Plan ID: H3274-001-0
Star rating	Star rating: 4.5 stars	Star rating: 4.5 stars	Star rating: Not enough data available
Plan website	http://www.scanhealthplan.com/	http://www.scanhealthplan.com/	https://alignseniorcare.com/
Non-members	1-888-315-7226	1-888-315-7226	1-844-305-3879
Members	1-800-559-3500	1-800-559-3500	1-844-305-3879
Contracted Medical Groups (verify with Plan & Provider):	MPPCNC, NCPG, PMGSJ (Confirm with plan)	MPPCNC, NCPG, PMGSJ (Confirm with plan)	(Confirm with plan)
TOTAL PREMIUM:	\$0	\$25.90	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$0	\$25.90	\$0
HEALTH DEDUCTIBLE:	\$0	\$257	\$0
DRUG DEDUCTIBLE:	\$0	\$590	\$0
Maximum-out-of-Pocket Limit	\$1,200.00	\$9,350.00	\$9,350.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$0 per day, days 1-4 \$75 per day, days 5-10 \$0 per day, days 11-90	\$1676 deductible for days 1-60 \$419 per day, days 61-90	\$235 per day, days 1-10 \$0 per day, days 11-90
Skilled Nursing Facility	\$0 per day, days 1-20 \$50 per day, days 21-100	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 per day, days 1-100
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	0-20% coinsurance
Diagnostic Radiology (like MRI)	\$0-100 copay	20% coinsurance	20% coinsurance
Emergency Care	\$90 copay	20% coinsurance	\$90 copay
Urgent Care	\$0 copay	20% coinsurance	\$45 copay
Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	20% coinsurance
Chemotherapy Part B drugs	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Ground Ambulance	\$100 copay	20% coinsurance	20% coinsurance
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	Not covered	\$0 copay
Hearing Aids	\$550-\$850 copay	Not covered	\$0 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, X-ray	\$0 copay: Oral Exam, Cleaning, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage	Not covered
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	Not covered
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-50% (T1 & T2 \$0 / T3 \$0-42 / T4 \$0-50% / T5 \$0-33%)	\$0-45% (T1-T2 \$0 / T3 \$0-24% / T4 \$0-45% / T5 \$0-25%)	\$0-25% (T1-T5 \$0-25%)

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CA Health Insurance Counseling & Advocacy Program (HICAP) 1.800.434.0222
Sourcewise 3100 De La Cruz Blvd, Suite 310, Santa Clara, CA 95054

2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)

Plan name	Anthem Dual Advantage (HMO D-SNP)	Anthem Full Dual Advantage Aligned (HMO D-SNP)	Central Health Dual Access Plan (HMO D-SNP)
Plan ID	Anthem Blue Cross Partnership Plan Plan ID: H4471-009-0	Anthem Blue Cross Plan ID: H4471-001-0	Central Health Medicare Plan Plan ID: H5649-024-0
Star rating	Star rating: Plan too new to be measured	Star rating: Plan too new to be measured	Star rating: 2.5 stars
Plan website	https://shop.anthem.com/medicare	https://shop.anthem.com/medicare	http://www.centralhealthplan.com/
Non-members	1-855-593-0899	1-855-593-0898	1-888-714-7550
Members	1-800-499-27993	1-833-707-3129	1-866-314-2427
Contracted Medical Groups (verify with Plan & Provider):	NEMS, PMGSJ, SMG (Confirm with plan)	NEMS, PMGSJ, SMG (Confirm with plan)	(Confirm with plan)
TOTAL PREMIUM:	\$24.40	\$0	\$0
HEALTH PREMIUM:	\$0	\$0	\$0
DRUG PREMIUM:	\$24.40	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$590	\$590
Maximum-out-of-Pocket Limit	\$9,350.00	\$9,350.00	\$9,350.00
INPATIENT (PART A)			
Inpatient Hospitalization	\$1676 deductible for days 1-60 \$419 per day, days 61-90	\$0 copay	\$0 copay
Skilled Nursing Facility	\$0 per day, days 1-20 \$209.50 per day, days 21-100	\$0 copay	\$0 copay
OUTPATIENT (PART B)			
Primary Doctor Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	0% or 20% coinsurance	\$0 copay	\$0 copay
Emergency Care	\$0 or \$90 copay	\$0 copay	\$0 copay
Urgent Care	\$0 or \$45 copay	\$0 copay	\$0 copay
Durable Medical Equipment	0% or 0-20% coinsurance	\$0 copay	\$0 copay
Chemotherapy Part B drugs	0% or 0-20% coinsurance	\$0 copay	\$0 copay
Ground Ambulance	0% or 20% coinsurance	\$0 copay	\$0 copay
EXTRA BENEFITS:			
Hearing Exams	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$0 copay	\$0 copay	\$49-\$1549 copay
Preventive Dental	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	\$0 copay: Oral Exam, Cleaning, Flouride treatment, X-ray	Not covered
Vision: Routine eye exam	\$0 copay	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay	\$0 copay
Fitness Benefits	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
PRESCRIPTION DRUGS (PART D)			
Copays	\$0-25% (T1-T5 \$0-25%)	\$0-25% (T1-T5 \$0-25%)	\$0-25% (T1-T5 \$0-25%)

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2025 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)

Plan name	DualConnect (HMO D-SNP)	Kaiser Permanente Dual Complete North P2 (HMO D-SNP)
Plan ID	Santa Clara Family Health Plan Plan ID: H4045-001-0	Kaiser Permanente Plan ID: H8794-002-0
Star rating	Star rating: 3 stars	Star rating: Plan too new to be measured
Plan website	http://www.scfhp.com/dualconnect	http://kp.org/medicare
Non-members	1-877-723-4795	1-800-777-1238
Members	1-877-723-4795	1-800-443-0815
Contracted Medical Groups (verify with Plan & Provider):	PAMF, SCVMCPS (Confirm with plan)	KP (Confirm with plan)
TOTAL PREMIUM:	\$0	\$0
HEALTH PREMIUM:	\$0	\$0
DRUG PREMIUM:	\$0	\$0
HEALTH DEDUCTIBLE:	\$0	\$0
DRUG DEDUCTIBLE:	\$590	\$0
Maximum-out-of-Pocket Limit	\$8,650.00	\$9,350.00
INPATIENT (PART A)		
Inpatient Hospitalization	\$0 copay	\$0 copay
Skilled Nursing Facility	\$0 copay	\$0 copay
OUTPATIENT (PART B)		
Primary Doctor Visit	\$0 copay	\$0 copay
Specialist Visit	\$0 copay	\$0 copay
Diagnostic Radiology (like MRI)	\$0 copay	\$0 copay
Emergency Care	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay
Durable Medical Equipment	\$0 copay	\$0 copay
Chemotherapy Part B drugs	\$0 copay	\$0 copay
Ground Ambulance	\$0 copay	\$0 copay
EXTRA BENEFITS:		
Hearing Exams	Not covered	Not covered
Hearing Aids	Not covered	Not covered
Preventive Dental	Not covered	Not covered
Vision: Routine eye exam	\$0 copay	\$0 copay
Vision: Contact lenses & Eye glasses	\$0 copay	\$0 copay
Fitness Benefits	Some coverage	Some coverage
Transportation Services	Not covered	Not covered
Over the Counter Drug Benefits	Some coverage	Some coverage
Worldwide emergency	Not covered	Some coverage
PRESCRIPTION DRUGS (PART D)		
Copays	\$0-25% (T1-T5 \$0-25%)	\$0-25% (T1-T3 \$0 / T4-T5 \$0-25%)

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, U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$94,686 with 100 not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.CA Health Insurance

2025 Program of All-Inclusive Care for the Elderly (PACE) Plans with Part D Prescription Drug Coverage for Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)

Plan name	On LOK PACE	Welbe Health PACE
Plan ID	<i>On LOK PACE Plan Plan ID: H5403</i>	<i>Welbe Health PACE Plan Plan ID: H6317</i>
Star rating	<i>Star rating: Coming Soon</i>	<i>Star rating: Coming Soon</i>
Plan website	<i>https://onlok.org</i>	<i>https://welbehealth.com</i>
Non-members	<i>1-888-886-6565</i>	<i>1-888-402-9690</i>
Members	<i>1-888-886-6565</i>	<i>1-888-402-9690</i>
Contracted Medical Groups (verify with Plan & Provider):	<i>NCPG, SCVMCPS (Confirm with plan)</i>	<i>PAMF, SUT (Confirm with plan)</i>
TOTAL PREMIUM:	<i>\$0</i>	<i>\$0</i>
HEALTH PREMIUM:	<i>\$0</i>	<i>\$0</i>
DRUG PREMIUM:	<i>\$0</i>	<i>\$0</i>
HEALTH DEDUCTIBLE:	<i>\$0</i>	<i>\$0</i>
DRUG DEDUCTIBLE:	<i>\$0</i>	<i>\$0</i>
Maximum-out-of-Pocket Limit	<i>\$0</i>	<i>\$0</i>
INPATIENT (PART A)		
Inpatient Hospitalization	<i>\$0 copay</i>	<i>\$0 copay</i>
Skilled Nursing Facility	<i>\$0 copay</i>	<i>\$0 copay</i>
OUTPATIENT (PART B)		
Primary Doctor Visit	<i>\$0 copay</i>	<i>\$0 copay</i>
Specialist Visit	<i>\$0 copay</i>	<i>\$0 copay</i>
Diagnostic Radiology (like MRI)	<i>\$0 copay</i>	<i>\$0 copay</i>
Emergency Care	<i>\$0 copay</i>	<i>\$0 copay</i>
Urgent Care	<i>\$0 copay</i>	<i>\$0 copay</i>
Durable Medical Equipment	<i>\$0 copay</i>	<i>\$0 copay</i>
Chemotherapy Part B drugs	<i>\$0 copay</i>	<i>\$0 copay</i>
Ground Ambulance	<i>\$0 copay</i>	<i>\$0 copay</i>
EXTRA BENEFITS:		
Hearing Exams	<i>\$0 copay</i>	<i>\$0 copay</i>
Hearing Aids	<i>\$0 copay</i>	<i>\$0 copay</i>
Preventive Dental	<i>\$0 copay</i>	<i>\$0 copay</i>
Vision: Routine eye exam	<i>\$0 copay</i>	<i>\$0 copay</i>
Vision: Contact lenses & Eye glasses	<i>\$0 copay</i>	<i>\$0 copay</i>
Fitness Benefits	<i>Not covered</i>	<i>Not covered</i>
Transportation Services	<i>Some coverage</i>	<i>Some coverage</i>
Over the Counter Drug Benefits	<i>Some coverage</i>	<i>Some coverage</i>
Worldwide emergency	<i>Some coverage</i>	<i>Some coverage</i>
PRESCRIPTION DRUGS (PART D)		
Copays	<i>\$0-25% (T1-T5 \$0-25%)</i>	<i>\$0-25% (T1-T5 \$0-25%)</i>

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Santa Clara County Contracted Medical Groups (Acronym Key)



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AHPN (Alignment Health Plan Network)
CA IPA (California IPA)
CIPA (Center IPA)
ElCam (El Camino Health Medical Network / Silicon Valley Medical Development, LLC)
HP (Hill Physicians)
IHH (Imperial Health Holdings)
MPIPA (MedCare Partners IPA)
MPPCNC (MedCare Partners- Premier Care of Northern California)
NEMS (North East Medical Services)
NCPG (Northern California Physicians Group)
OM (One Medical)
PAMF (Palo Alto Medical Foundation)
KP (Permanente Medical Group - Kaiser)
PPIPA (Physician Partners IPA)
PMGSJ (Physicians Medical Group of San Jose - Optum)
SCCIPA (Santa Clara County IPA)
SCVMCPS (Santa Clara Valley Medical Center Physician Services)
SMG (Seoul Medical Group)
SUT (Sutter)

Medicare-Medicaid Plans (MMPs), are special healthcare plans designed for individuals who are eligible for both Medicare and Medi-Cal (California's Medicaid program). Here's an overview of MMPs:

1. Dual Eligible Individuals:

- MMPs are specifically for individuals who qualify for both Medicare (usually due to age or disability) and Medi-Cal (typically due to low income). These individuals are often referred to as "dual eligibles."

2. Integrated Coverage:

- MMPs integrate coverage from both Medicare and Medi-Cal into a single health plan. This integration aims to streamline healthcare services and improve coordination between the two programs.

3. Comprehensive Benefits:

- MMPs offer comprehensive benefits that combine those of Medicare and Medi-Cal. This includes coverage for hospital services, doctor visits, prescription drugs, long-term care, and other medical services covered by both programs.

4. Care Coordination:

- One of the primary objectives of MMPs is to provide better care coordination for dual eligible individuals. This coordination helps ensure that individuals receive the right care at the right time and avoid duplicative or unnecessary services.

5. Managed Care Approach:

- MMPs typically operate under a managed care model, where healthcare services are coordinated and managed by a designated health plan. This can include HMOs (Health Maintenance Organizations) or other managed care organizations.

6. Care Management Teams:

- MMPs often assign care management teams to each member. These teams may include doctors, nurses, social workers, and other healthcare professionals who work together to develop personalized care plans for individuals.

7. Additional Support Services:

- MMPs may also offer additional support services beyond what is covered by Medicare and Medi-Cal. This can include care coordination, transportation assistance, nutrition services, and support for caregivers.

8. Enrollment Options:

- Dual eligible individuals have the option to voluntarily enroll in an MMP if they qualify. Enrollment is typically done through a process facilitated by the state Medicaid agency or through Medicare's enrollment system.

In summary, Medicare-Medicaid Plans (MMPs) provide integrated healthcare coverage for individuals who are eligible for both Medicare and Medi-Cal. These plans aim to improve care coordination, streamline services, and enhance the overall healthcare experience for dual eligible individuals in California.

1. **Medicare:**

- **What is it?:** Medicare is a federal health insurance program primarily for individuals aged 65 and older, some younger people with disabilities, and people with End-Stage Renal Disease (ESRD).
- **Coverage:** It typically covers hospital care (Part A), medical services (Part B), and prescription drugs (Part D), with various options for supplemental coverage (Part C).
- **PACE Program:** Medicare's PACE (Program of All-Inclusive Care for the Elderly) is a program designed to provide comprehensive medical and social services to certain frail, elderly individuals who qualify for nursing home care but prefer to receive services in their homes or communities.
- **Benefits:** PACE programs offer services such as medical care, adult day care, home care, prescription drugs, physical therapy, and more, aiming to help seniors remain independent and live at home for as long as possible.

2. **Medi-Cal:**

- **What is it?:** Medi-Cal is California's Medicaid program, a state and federally funded program that provides health coverage to low-income individuals and families, including children, pregnant women, seniors, and people with disabilities.
- **Coverage:** It offers a wide range of medical services, including doctor visits, hospital stays, preventive care, mental health services, long-term care, and more.
- **PACE Program:** Similar to Medicare, Medi-Cal also offers the PACE program, tailored to serve eligible seniors who meet nursing home level-of-care requirements but wish to remain in their communities.
- **Benefits:** Medi-Cal PACE programs provide coordinated healthcare services, including medical care, social services, and long-term care, with a focus on allowing seniors to live independently in their homes or communities for as long as possible.

In summary, both Medicare and Medi-Cal PACE programs offer comprehensive healthcare and support services to eligible seniors, with the goal of enabling them to maintain their independence and quality of life in their preferred living environment.



Guarantee Issue for a Medigap during the Annual Enrollment Period when your Medicare Advantage Plan also sells Medigap plans (for e.g. Anthem, United HealthCare, Aetna, etc)

If your Medicare Advantage Plan also sells Medigap plans you can only buy a Medigap plan from that company initially. (Note: if you turned 65 prior to January 1, 2020, you cannot buy a G or D plan initially. You can buy an F plan then switch to a G plan during your next Birthday Period if you wish)

Script to use when calling an insurance company about purchasing a Medigap policy with a Guarantee Issue right.

I am interested in getting a quote for a Medigap Plan ____ (tell them what plan you are interested in; see above). Are you licensed to sell insurance in California? The representative will ask you some questions like date of birth, whether you are a smoker, your zip code, effective dates of Medicare Parts A & B, etc. At that point he or she may give you a quote or may ask you what qualifies you to purchase a Medigap policy at this time. This is when you say the following:

“Under the **California Insurance Code Section 10192.12** I have a **Guaranteed Issue of a Medigap Policy** when the Medicare Advantage plan that I am enrolled in (select correct reason below)

- (a) Reduced or eliminated one or more benefits for next year*
- (b) Increased one or more of my co-pays for next year*
- (c) Increased my premium for next year OR*
- (d) Is discontinuing the contract with my physician for next year*

You have until March 31 to complete this process but it is recommended you do so by the end of the current calendar year so you have the Medigap in place on January 1.

Please note, you also have a Guarantee Issue right for a Medigap if your Medicare Advantage Plan leaves the area. (this right extends 123 days after you lose your coverage)

Under any of these circumstances, the Medigap Insurance Company should not ask you any health questions but may say they have to in order to get through their application. You may answer “don’t know” to all questions but in any event they cannot be used to deny you coverage.

Here’s what should happen next:

The representative should take your application by phone. You should ask how long the approval process will take and when you will be notified of your acceptance. Once you have acceptance in writing, enroll in a drug plan using [Medicare.gov](https://www.medicare.gov) Plan Finder. This will automatically disenroll you from your current Medicare Advantage Plan effective 12/31/24. You will start the new year with Original Medicare, the Medigap plan you enrolled in, and the drug plan you enrolled in. Make sure to present your new insurance cards to your medical providers and pharmacist when you visit the first time.

Guarantee Issue for a Medigap during the Annual Enrollment Period when your Medicare Advantage Plan does not sell Medigap plans (e.g. Kaiser, Scan, Alignment, etc)

If your Medicare Plan does not sell Medigap plans you can buy a plan from any company. You must complete the purchase by December 7 with effective date of January 1. ((Note: if you turned 65 prior to January 1, 2020, you cannot buy a G or D plan initially. You can buy an F plan then switch to a G plan during your next Birthday Period if you wish)

Script to use when calling an insurance company about purchasing a Medigap policy with a Guarantee Issue right.

I am interested in getting a quote for a Medigap Plan ____ (tell them what plan you are interested in; see above). Are you licensed to sell insurance in California? The representative will ask you some questions like date of birth, whether you are a smoker, your zip code, effective dates of Medicare Parts A & B, etc. At that point he or she may give you a quote or may ask you what qualifies you to purchase a Medigap policy at this time. This is when you say the following:

“Under the California Insurance Code Section 10192.12 I have a Guaranteed Issue of a Medigap Policy when the Medicare Advantage plan that I am enrolled in (select correct reason below)

- (a) Increased my co-pay for one or more services 15% or more for next year*
- (b) Increased the premium by 15% or more for next year*
- (c) Reduced one or more benefits under the plan for next year*
- (d) Is discontinuing the contract with my physician for next year”*

You must complete the application process for this Medigap by December 7.

Please note, you also have a Guarantee Issue right for a Medigap if your Medicare Advantage Plan leaves the area. (this right extends 123 days after you lose your coverage)

Under any of these circumstances, the Medigap Insurance Company should not ask you any health questions but may say they have to in order to get through their application. You may answer “don’t know” to all questions but in any event they cannot be used to deny you coverage.

Here’s what should happen next:

The representative should take your application by phone. You should ask how long the approval process will take and when you will be notified in writing of your acceptance. Once you have something in writing that you are accepted for this plan, enroll in a drug plan using [Medicare.gov](https://www.medicare.gov) Plan Finder. (You should do this by December 7 unless your plan is leaving the market next year. Then you have the timeline stated above.) This will automatically disenroll you from the current Medicare Advantage Plan effective 1/1/25. Make sure to present your new insurance cards to your medical providers and pharmacist when you visit the first time.