Medicare Consumer Guide

for Santa Clara County Residents

Your Medicare Plan Comparisons

- Original Medicare
- Medigap Plans
- Prescription Drug Plans
- Medicare Advantage
- Health Maintenance Organization Plans (HMO)
- Preferred Provider Organization Plans (PPO)
- Special Needs Plans (SNP)
- Medicare/Medi-Cal Plans

SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

How to Use this Guide

This color-coded guide lays out Enrollment Information and the two different Medicare pathways that a beneficiary may take (either Original Medicare OR Medicare Advantage). It shows the two Medicare pathways in Santa Clara County.

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Please refer to the Original Medicare, Medigap, PDP and Medicare Advantage sheets for more information:

- Part A & B (Original Medicare)
- Medigap (Medicare Supplement Insurance)
- Part D plans that work with Original Medicare. On the back is a step-by-step guide to the Medicare.gov Plan Finder – a tool for finding the most cost-effective Medicare drug plan.
- Part C Medicare Advantage HMO & PPO Plans with and without Drug Coverage

Medicare and Eligibility

What is Original Medicare?

It is a federally funded system of health insurance for citizens of 65 years of age or older, citizens who meet 5 years consecutive residency, as well as those who are under age 65 and on disability, or who have ESRD. Original Medicare coverage includes Hospital Part A and Medical Part B.

When will I be eligible for Medicare?

Eligibility for Medicare	Earliest Month of Medicare Part A & B Eligibility
Age (turning 65)	65th birth month, if born on the 1st, use the prior month.
Disability (under age 65)	▪ 25th month receiving Social Security Disability Insurance (SSDI) payments. Enrollment occurs automatically on the 25th month. ▪ First month, if diagnosed with ALS (Lou Gehrig's Disease).
End Stage Renal Disease (ESRD) (any age)	The month of kidney transplant OR Two months prior to transplant if hospitalized and preparing for transplant; OR 3rd month after dialysis treatment AND/ OR 1st month of self-dialysis with training.
Over 65 and approaching 5th year of unbroken, documented permanent residency in the U.S.	Medicare for immigrants is available if the individual is at least 65 years of age or older, a green card holder and resides in the U.S. legally for 5 consecutive years. This person may purchase part A. If they have few or no work credits, they must also enroll in or already have Part B. Assistance may be provided to pay for both Medicare Part A, and B premiums through Qualified Medicare Beneficiary (QMB) based on eligibility.

Although enrollment into Original Medicare is typically not automatic, there are certain situations which can trigger an automatic enrollment into Medicare such as taking early retirement or receiving SSDI payments as listed above.

How Do I Apply for Medicare?

How to Apply?

1. Online at SSA.gov
2. Call the Social Security Office 1-800-772-1213 to schedule an in person or phone appointment with your local Social Security Office.
3. Walk into your local Social Security Office. It is an option but not advised due to possible and unexpected wait times.

Medicare Part A and B
What Services are Covered?

Part A Benefits

- Hospital Inpatient Services
- Hospital Inpatient Psychiatric Services
- Skilled Nursing Facility
- Home Health Care Services
- Hospice Care

Part B Benefits

- Some Preventive Services*
- Physician Services
- Hospital Outpatient Services
- Ambulance Services
- Medical Equipment & Supplies
- Mental health Outpatient Services
- Mental Health Partial Hospitalization
- Home Health Care Services
- Clinical Lab Services

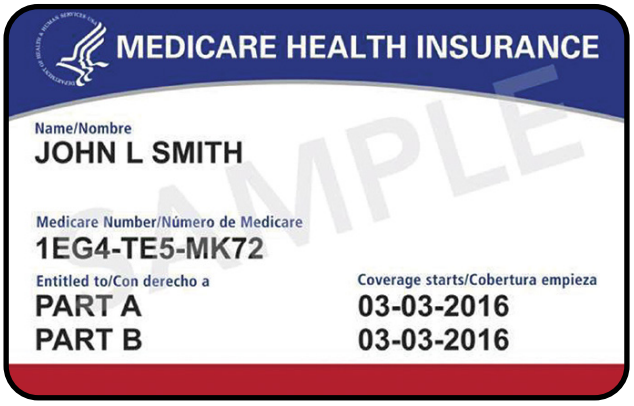
Preventative Services*

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

Shots

- Flu shots
- Hepatitis B shots
- Pneumococcal shots
- Tobacco use cessation counseling
- Yearly “Wellness” visit

Medicare Pathways and Choices



Premium $ _____

Medicare is part of Each Pathway
Certain Circumstances allow you to Maneuver from MA to Medigap

Other Retiree benefit Options may come from the following:

- CalPERS
- UNION
- Tricare for Life
- CalSTRS
- CHAMPVA
- FEHB

- These plans may look just like a Medicare Advantage plan, such as your standard HMO or PPO plan. Other options may resemble those of a Medigap and may be distributed by the very same carriers that are listed in our options information.
- Federal Retiree benefits are unique and do not require both parts of Medicare A and B to participate, except for Postal Service Annuitants. You may enroll into your federal retiree benefits with only part A. Although participation in both parts of Medicare is not a requirement for coverage, it is wise to enroll into both parts of Medicare when initially eligible because.
- Just like everyone else, federal employees are not exempt from Part B late enrollment penalties (LEPs).
- Federal Retiree benefit plans increase in premiums each year just as other retirement options do and may become unaffordable at some point. If you wish to transition to Medicare at that time and you do not already have both parts of Medicare, you may be subject to the LEPs as stated above.

Original Medicare Path

Medigap

INSURANCE COMPANY

Medicare Supplement Insurance

MEMBERSHIP ID 123456789-11
MR JOHN L SMITH
EFFECTIVE DATE: 01-01-2024
MEDICARE SUPPLEMENT PLAN G

Insured by ABC Insurance Company

Premium $ _____

AND

Part D

INSURANCE COMPANY

Prescription Drug Plan
Administered by ABC, LLC
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX
ISSUER: (XXXXX): XXXXXXXXXX

Member ID: XXXXXXXXXX
MR JOHN L SMITH

Premium $ _____

OR

Other Creditable Drug Coverage

VA | U.S.Department of Veterans Affairs
Veterans Health Administration

CCN Regions 1-3
Payer ID: VACCN

BIN#: XXXXXX
PCN: XXX

Veteran ID: XXXXXXXXXX
Veteran DOB: YYMMDD

RxGroup:
-Referred Care: RxXXX
-Urgent Care/VA Provider: RxXXXX
-Flue Shot or COVID-19 Vaccine: RxXXXX

Premium $ _____

Part C Medicare Advantage Path

HMO includes Part D "MA-PD."

INSURANCE COMPANY

HMO Plus Part D (MA-PD)
Member ID: XXXXXXXXXX
MR JOHN L SMITH
Effective Date : DD/MM/YYYY

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

PCP: XXXX
MD Provider: XXXXXXX
PCP Phone: (123) 456-7890

Copay: PCP $XX ER $XXX
Spec $XXX

Premium $ _____

OR

PPO includes Part D

INSURANCE COMPANY

Medicare Advantage (PPO)
Member ID: XXXXXXXXXX **Group ID: XXXXX**
MR JOHN L SMITH

Payer ID: XXXXX

Medicare RX
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

No PCP Required
No Referral Required
COPAY (IN/OON)

PCP: XXXX
Emergency: XXXXX

Specialist: XXXXX
Urgent Care: XXXXXXX

Other Types of MA plans:

Special Needs Plans (SNPs)

Chronic Special Needs Plans – C-SNP

Dual Special Needs Plans – D-SNP

Institutional Special Needs Plans – I-SNP

OR

PPO or HMO without Part D

INSURANCE COMPANY

Medicare Advantage (PPO)
Member ID: XXXXXXXXXX **Group ID: XXXXX**
MR JOHN L SMITH **Issuer (XXXXX)**

PCP Name: XXXX
PCP Phone: (123) 456-7890

Copay: PCP $XX ER $XX
Spec $XX HO $XX
AS $XX

+

+

Other Creditable Drug Coverage

INSURANCE COMPANY

Other Creditable Drug Coverage
Administered by ABC, LLC
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX
ISSUER: (XXXXX): XXXXXXXXXX

Member ID: XXXXXXXXXX
MR JOHN L SMITH

Can not be a Medicare Stand-alone drug plan. Acceptable examples are VA drug benefit, Employer drug plan.

Medigap

Medicare Supplement Insurance, also referred to as Medigap insurance, is sold by private insurance companies in contract with Medicare. The private insurance is designed for Medicare beneficiaries who have chosen to be in Traditional or "Original" Medicare, enrolled in both Part A and Part B – but NOT in Part C. Medigap plans cover out-of-pocket costs that Original Medicare beneficiaries are responsible for paying (see Original Medicare: Part A & B insert for a list of these costs).

How many plans are there?	▪ There are 10 standardized Medigap plans with the letter names* A, B, C, D, F (regular and high deductible), G (regular and high deductible), K, L, M & N. ▪ Plan F is the most comprehensive plan as it covers all the gaps in Original Medicare. ▪ However, due to a change in Federal Law as of January 1, 2020, beneficiaries who have their 65th birthday on or after that date, or who become eligible for Medicare due to a disabling condition, cannot buy a Medigap plan that covers the Part B deductible. This restriction includes Medigap plans C, F and high deductible F. ▪ For beneficiaries who cannot buy a Plan F, the most comprehensive plan is Plan G. ▪ Plan A covers the fewest gaps (only four gaps). ▪ The remaining plans offer levels of coverage between the A and F plans.
What is the Main Difference Between Same Lettered Plans?	▪ Now that policies are standardized, the main difference between same lettered plans from different companies is the monthly premium. For example, Plan A will cover the same costs regardless of which company you choose. A Medigap comparison insert can be found in the pocket of this guide. ▪ Another factor to consider is how the monthly premium adjusts over time. Rates may increase due to medical inflation. Additionally, most companies increase premiums as you age. Those that do not adjust based on age usually have higher premiums to start with. Use your California Birthday Rule to keep control of premium increases (see page 17).

Just a reminder: Medigap plans will not cover the out-of-pocket costs of Medicare Advantage HMO plans. Neither Medigap plans nor Medicare Advantage plans coordinate with one another. It is prohibited to enroll into a Medigap if you are a Medicare Advantage beneficiary.

*Take care not to confuse the Medigap Plan letters with Medicare Part A, B, C, & D.

Medicare Part D

Medicare Part D is a highly subsidized prescription drug insurance program. Part D plans are sold by private insurance companies in contract with Medicare and enrollment is voluntary.

Eligibility:	▪ Eligibility begins with the start of either Medicare Part A or Part B. ▪ Live in the Part D plan service area. ▪ Plans do not screen for pre-existing health conditions. ▪ Upon receipt of retroactive enrollment into either Part A or B.
Enrollment and Late Penalties:	Enrollment into Medicare Part D is voluntary. People with Medicare who choose not to enroll when they are first eligible may have to pay a higher premium if they decide later to enroll in a Part D plan (unless they have other creditable drug coverage). The late enrollment penalty is 1 % per month multiplied by the number of months a person is eligible but did not sign up. The penalty is added to the monthly plan premium and is paid for as long as the person has a Part D plan. The beneficiary will also need to wait until the Annual Election period to sign up for a Part D plan.
The Annual Election Period is October 15 through December 7; plan elections become effective January 1 of the new year.	
What drugs are covered?	Companies that offer Part D plans define the benefits that they provide, including the formulary of drugs they cover and the cost-sharing they charge. Formularies vary by plan, which means: some plans may work better for your needs.
What will your drug costs be?	You may notice the cost of your medications going up and down throughout the year. You may be moving through the Part D coverage periods. The amount you pay is different in each period. ▪ In 2027, Medicare Part D plans may include a deductible of up to $700, although some plans may charge a lower deductible or no deductible at all. ▪ After meeting any applicable deductible, beneficiaries generally pay copayments or coinsurance for covered medications based on their plan's formulary and cost-sharing requirements. ▪ In 2027, annual out-of-pocket costs for covered Part D prescription drugs are capped at $2,400. Once this limit is reached, beneficiaries pay $0 for covered Part D drugs for the remainder of the calendar year. This cap does not include monthly plan premiums and does not apply to Part B drugs.

	▪ Higher-income beneficiaries enrolled in either a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage Prescription Drug Plan (MA-PD) may be required to pay an additional premium known as the Income-Related Monthly Adjusted Amount (IRMAA).
What if I have prescription drug coverage from an employer, union, or Medicare Advantage plan?	Contact your benefits administrator before you make any changes to your drug coverage. If you are in a Medicare Advantage Plan that includes prescription drug coverage (MA-PD), joining a Medicare Part D Prescription Drug Plan (PDP) will automatically replace your MA-PD.
What help is available for people with lower income and assets?	Depending on the level of need, the Low-Income Subsidy LIS (also called "Extra help") program provides, 1. A subsidy that lowers or eliminates the Part D premium, 2. Reduced deductibles and copays, 3. An ongoing enrollment period to add/switch/drop a PDP or MA-PD once per quarter for 1st 3 quarters. Changes during the AEP take effect Jan 1 of the following year. Income must be less than 150% of the Federal Poverty Level. * Counted Assets include items like checking, savings, CDs, IRAs, and 401Ks, but exclude items like primary residence and necessary cars. Limits apply. * The LIS Program still counts assets For enrollment assistance, contact HICAP at (408) 350-3200, or visit us online at mysourcewise.com. See page 20 for Medi-Cal and other assistance programs such as LIS. * Please note that if you are presently a Medi-Cal recipient transitioning on to Medicare, Medi-Cal will no longer pay for medication as they have in the past once your Medicare is effective. Enrollment into a Medicare drug plan is required once you become eligible for Medicare and is automatic. **Medi-Cal includes LIS**. Contact 1-800-MEDICARE to learn what your drug plan is.
Primary and Secondary Payer	▪ If you have decided to take Medicare part D and you have an employer-based drug plan as an active employee, employer coverage is primary payer and Medicare part D secondary. ▪ Make sure that both Medicare part D drug plan and employer drug plan are aware of your coverage so that proper coordination of plan benefits can be provided. Medicare part D is responsible for payment resolution for 36 months from prescription fill date.

Other Relevant Issues	▪ If you enroll into Medicare A and or B and are no longer working and are not covered by an employer group health plan, either your own EGHP or that of a partner or spouse, you must enroll into Medicare part D. ▪ If you have creditable coverage, through an employer group health plan, either your own EGHP or that of a partner or spouse, you are not subject to the Part D Late Enrollment Penalty (LEP) if you choose to enroll into a part D plan later. This would be due to a Special Enrollment Period (SEP) that your creditable coverage has provided. In this situation you do not have to wait until the Annual Enrollment Period to enroll. You may enroll once the EGHP has ended. ▪ If you have a problem with your part D plan, please see page 26 for the appeal process.
To learn about and enroll in Medicare Part D:	▪ See inserted comparison chart, Medicare Part D Stand-Alone Prescription Drug Plans. ▪ Contact Medicare at (800) MEDICARE, (800) 633-4227, or visit medicare.gov. ▪ Please see Other Sources of Information on the last page for employer related resources (in the Additional Resources section of the guide).

Part C Medicare Advantage

Part C health plans, also known as Medicare Advantage (MA), are an alternative way to receive your Part A and B and drug benefits. Having Part C means you have enrolled into a private health insurance plan and assigned it the responsibility of delivering your Part A, Part B, and (often) prescription drug benefits. Network restrictions may apply. **Enrollment in a Part D plan associated with Original Medicare will automatically trigger disenrollment from your MA-PD Plan because individuals cannot be in two Medicare drug plans at the same time.**

Things to consider when choosing between Original Medicare and Medicare Advantage plans are choice of doctors, ease of access to specialists without incurring unexpected bills, affordability on a fixed budget, protection against catastrophic costs, coverage away from home, prescription drug coverage, and extra benefits not covered by Parts A or B. Below are the types of Medicare Advantage plans in Santa Clara County and their features. Comparison charts of these managed plans can be found in the inserted sheets in this guide's pocket. A plan comparison tool is also available at medicare.gov.

Health Maintenance Organizations (HMO and HMO-POS)	▪ You must use in-network doctors and hospitals. Some HMO plans offer medical group options. You must see a primary care physician (PCP) before any other health provider. Usually, you will need a referral from the PCP to see a specialist. ▪ Emergency and urgent care may be covered outside of the HMO plan service area. ▪ HMO-POS (HMO Point-of-Service) plans are much like HMO plans, but offer greater flexibility when accessing certain services, including specific out-of-network services. Details of these services vary by plan. In most cases, you still need to choose a PCP, and need referrals to see a specialist. Review plan details carefully to understand options.
Preferred Provider Organizations (PPOs)	▪ These plans can offer greater flexibility and choice when accessing provider services, including access to out-of-network providers, but at a higher cost. PPO plans may not require one to have a PCP or to have a referral to see a specialist. Review plan details carefully to understand options. • In most out-of-network cases the provider must be eligible to participate in Medicare, except in emergency situations. If the provider is not a Medicare participant, you will be responsible for the full cost of services. • In an emergency, urgent care or out of area dialysis you may not have to pay the higher cost share if using out-of-network providers.

	▪ Although referrals or prior authorizations are not required you may want to request a pre-visit coverage decision to confirm that the services you are seeking are covered and medically necessary. • Without a pre-visit coverage decision, if later determined that the services aren't covered or were not medically necessary, plan may deny coverage and you will be fully responsible for the entire cost. • Best to ask an out-of-network provider to bill the plan first before paying. • If you have already paid for the covered service, the plan will reimburse you for their share of the cost for covered services.
Special Needs Plans (SNPs)	▪ Chronic Needs SNP – A Medicare Advantage HMO designed for specific chronic health needs. Eligible individuals may enroll at any time of the year if eligible. ▪ Dual Eligible SNP – A Medicare Advantage HMO available to those eligible for Medicare and Medi–Cal with no share–of–cost. Call HICAP (408-350-3200) for details. These plans have $0 premiums and no co-pays.

Plan Changes:

Plans must notify you of changes before they take effect. Refer to the Annual Notice of Change (ANOC) mailed in the October timeframe. If your plan is dropped, or increases premiums or cost sharing, or decreases benefits, then you may be eligible for a Guaranteed Issue right to purchase a Medigap plan. For clarification, call HICAP at (408) 350-3200.

Navigating Original Medicare

Navigating Original Medicare Enrollment

BOXES 1-3 Describe typical situations and the way Medicare part A and Part B eligibility and enrollment may apply. Some individuals may not fit neatly into these boxes (such as individuals with ESRD) and only in some cases would delaying enrollment be appropriate. Please contact HICAP **(408-350-3200)** or Social Security **(SSA.gov)** for additional details.

Part A Premiums and Enrollment

Part A Premium: Free Versus Purchased

Box 1	Do you qualify for Premium-free Part A OR will you have to pay a premium?
Purchased Premium for part A: Go to Box 2	You are turning 65 or older and have less than 40 Social Security credits, as does your spouse or ex-spouse.
Premium-free Part A: Go to Box 3	▪ You are turning 65, Or ▪ A spouse of (10yrs. + and age 62+) Or ▪ Ex-spouse has 40 Quarters if Coverage (QC)s) "credits" (10 yrs. Of taxed work), Or ▪ You receive SSDI benefits, Or ▪ You have ESRD and you , a spouse or family member have the required credits

Premium Part A (Not Free)

Box 2	Premium Part A
Turning 65 and will be Charged the Part A premium. **OR** **Over 65 and approaching 5th year of unbroken, documented, permanent residency in the U.S.**	**Medicare Part A & B** enrollment is not automatic. The first opportunity to enroll in Medicare is during the Initial Enrollment Period. It begins 3 months before eligibility month, the month of eligibility, and 3 months after. Filing during or after the eligibility month (Birth Month) will delay the Medicare start date. If missed, the next opportunity to enroll is during the General Enrollment Period (GEP) January 1 – March 31. Coverage would begin on the 1st day of the following month. For Premium Part A you must also enroll in or already have Part B. The Qualified Medicare Beneficiary Program (QMB) helps pay the Part A/B premium for those individuals with low income & resources.
Turning 65 and you are enrolled in a Covered California plan	You may keep your Covered CA plan with Premium Assistance, but you must NOT be enrolled in either Part A or B. **Warning:** if you change your mind and sign up later for Premium Part A or Part B you may be charged a permanent late enrollment penalty.

Part A Premiums and Enrollment (cont.)

Premium Free Part A and Automatic Enrollment

Box 3	Premium Free Part A
Approaching your 25th month of SSDI payments and due to the current employment status of you or a family member, you have a Large Group Health Plan (LGHP) covering at least 100 employees	**Part A & B enrollment is automatic**, starting on the 1st day of the 25th month of SSDI payments. Must enroll in Part A to continue receiving SSDI. Under this circumstance, you may defer enrollment in Part B and later use a Special Enrollment Period (SEP): you may file for Part B anytime while working and covered by your LGHP or covered by the LGHP of your working spouse, but to avoid a permanent Part B late enrollment penalty, you must file within 8 months of either the LGHP ending or current employment status ceasing or both (e.g. retirement). Most people arrange for Part B to start the month of or after the LGHP ends to prevent a gap in coverage. **Warning:** COBRA coverage does not extend the SEP since current employment status would have ended. Find out from your HR department what COBRA will or will not pay for if you do not have Part B coverage.
Receiving SSA Income (early retirement) at least 4 months prior to turning age 65. Now turning 65 **Or** **Receiving early retirement SSA and you have access to an EGHP through your employment or that of your working spouse or partner**	**Part A & B enrollment is automatic**, starting on the 1st day of the month of eligibility (birth month). **Part A and B enrollment is automatic**, starting on the 1st day of the month of eligibility (birth month). Under this circumstance, you may defer enrollment in Part B and later use a Special Enrollment Period (SEP): you may file for Part B anytime while working and covered by your EGHP or covered by the EGHP of your working spouse, but to avoid a permanent Part B late enrollment penalty, you must file within 8 months of either the EGHP ending or current employment status ceasing or both (e.g. retirement). Most people arrange for Part B to start the month of or after the EGHP ends to prevent a gap in coverage. **Warning:** COBRA coverage does not extend the SEP since current employment status would have ended. Find out from your HR department what COBRA will or will not pay for if you do not have Part B coverage.
Turning 65 and already receiving Social Security retirement payments **Or** **Under 65 receiving SSDI payments**	Part A & Part B enrollment is automatic. Coverage will start on the first day of the first month of Medicare eligibility. You will receive a Medicare card 2-3 months before the month of eligibility.

Part A Premiums and Enrollment (cont.)

Premium Free Part A

Turning 65 and not yet receiving Social Security retirement payments **Including individuals with a Covered California plan**	**Part A enrollment is not automatic.** The first opportunity to enroll is 3 months prior to one's 65th birth month and anytime thereafter. Upon filing an application, coverage is retroactive 6 months but no earlier than the first month of eligibility. **Part B enrollment is not automatic.** The first opportunity to enroll is during the Initial Enrollment Period (IEP) which begins 3 months prior to one's 65th birth month, during one's 65th birth month, and extends 3 months following. Filing during or after the month of eligibility will delay the start date. **Please note:** If IEP is missed, you must use the General Enrollment Period (GEP) January 1 – March 31. Coverage would begin on the 1st day of the following month. If you have a Covered CA plan you may keep it, but premium assistance will end. Contact Covered CA to disenroll from a Covered CA plan (not the plan itself).
Turning 65, Not yet receiving Social Security retirement payments, AND has Group Health Plan coverage due to the current employment status of you or a spouse	**Part A enrollment is not automatic.** The first opportunity to enroll is 3 months before eligibility month and any time after. Upon filing an application, coverage is retroactive, six months but no earlier than the month of eligibility. The GHP will be primary insurance, and Medicare Part A would be secondary (except where there are less than 20 employees). Exception for High-deductible Health Plans with a Health Savings Account (HSA): having Medicare A or B disallows further contributions to an HAS. Due to the Part A retroactive start date, stop HAS contributions 6 months prior to filing the Part A application to avoid a tax penalty. **Part B enrollment is not automatic:** In this situation, you may defer enrollment in Medicare Part B and later use a Special Enrollment Period (SEP): you may file for Part B anytime while working and covered by your GHP OR covered by the GHP of your working spouse. However, to avoid permanent Part B late enrollment penalties, you must file within 8 months of either the GHP ending or current employment status ending or both (e.g. retirement). Most people arrange for Part B to start the month of or after the GHP ends to prevent a gap in coverage. **Warning:** COBRA coverage does not extend the SEP since current employment status would have ended. Find out from your HR department what COBRA will or will not pay if you have Part A but not Part B coverage.

Navigating Original Medicare and Medicare Advantage Options

BOXES 4-5 Describe typical eligibility and enrollment scenarios AFTER a person enrolls in, or has, Medicare Part A, Part B or both. Keep in mind that not all individual circumstances are addressed. Please contact HICAP for additional details regarding your specific situation.

Box 4.1	Filed an application for, or have BOTH Part A and Part B
You want Original Medicare with a Medigap Plan Please Note: **If you have other insurance, e.g. GHP or retiree plan, you may not need a Medigap plan.**	Your Part B effective date triggers a 6-month Medigap Open Enrollment. Medical questions are not allowed now, but after that, they must be answered, and your application may be denied. In California, if you are under age 65 with ESRD, you may be denied a Medigap. At age 65, however, you, including those with Medicare due to disability, will have 6 months to purchase a Medigap plan guaranteed and at a lower price.
You have a Medigap, and you want to switch to a different plan or company	In California, you have 60 days of "open enrollment" following your birthday each year when you can buy a new Medigap policy without a medical screening or a new waiting period. This time frame is known as the **"Birthday Rule"**; during this time, you can change from one Medigap carrier to another Medigap carrier, however you may only select a Medigap plan with the same level of benefit of your existing Medigap plan or less. Any attempt to enroll into a higher benefited plan will trigger medical screening, wait period, or denial. Another protection of the Birthday Rule period is protection from premiums being quoted at higher rates based on health.
Your MA-PD notifies you in September of a decrease in benefits, increase in premium, or increase cost-sharing next year	You have a brief opportunity to purchase a Medigap Plan without health screening. Certain criteria and Annual Election Period (AEP) timelines may apply. This brief period is referred to as the Guaranteed Issue (GI). Please be aware that it is not a given that an MA plan will generate the GI each year, it only occurs if certain changes are scheduled to occur within the plan for the upcoming year.
Box 4.2	**Filed an application for, or have, either Part A or Part B – only a stand-alone Part D plan can be purchased**
You do not have other creditable drug coverage	**Part D enrollment** is not automatic. Initial opportunity to sign up for Part D begins 3 months before Medicare eligibility month, the month of eligibility, and 3 months after. If the initial opportunity is missed, a late penalty may apply. The next opportunity is during the Annual Election Period (AEP) October 15 through December 7. Coverage will begin January 1.
You have or are enrolling in creditable drug coverage, e.g. from a GHP or VA	Enrollment into a Part D plan is not necessary. Late enrollment penalty will be avoided if a break in creditable coverage is 63 days or less. If you have a stand-alone Part D plan, and other creditable drug coverage is available, you may drop the PDP and sign up for the other coverage at any time.
You will lose creditable drug coverage, e.g. from a GHP	You can sign up before coverage ends, and during the two months after coverage ends. The next opportunity is during the Annual Election Period (AEP) October 15 through December 7, but a late enrollment penalty may apply.

Box 5	Filed an application for, or have BOTH Part A and Part B
You will keep Original Medicare and want a Part D – Stand Alone Prescription Drug Plan (PDP)	**Part D enrollment is not automatic.** Initial opportunity to sign up for Part D begins 3 months before Medicare eligibility month, the month of eligibility, and 3 months after. If the initial opportunity is missed, a late penalty may apply. The next opportunity is during the Annual Election Period (AEP) October 15 through December 7. Coverage will begin January 1.
You want a Part C Medicare Advantage Plan with Part D included (MA-PDs)	Enrollment into a Part D plan is not necessary. Late enrollment penalty will be avoided if a break in creditable coverage is 63 days or less. If you have a stand-alone Part D plan, and other creditable drug coverage is available, you may drop the PDP and sign up for the other coverage at any time.

What Other Health Coverage Options May be Available?

Some Medicare beneficiaries may have other health insurance options besides Medicare. Those health insurance options may include the following:

Employer Group Health Plans (GHP)	If you are eligible for Medicare and continue to work, or have a spouse or partner who is working, you may have group health insurance through the employer or union. In this situation you have the option of enrolling into Medicare Parts A & Part B upon eligibility or elect to enroll in just Medicare Part A or you may wait to enroll into both parts of Medicare once the elected retirement date is reached.
Retiree Plans	Plans offered from former employer or union. Retiree plans differ from Employer Group Health Plans; however, both are employer-sponsored. Employer GHP are for actively working employees, whereas retiree benefits are for retired employees. Retiree benefit plans are secondary to Medicare.
VA Medical Benefits Package	Benefits are provided by the Department of Veterans Affairs (VA) to veterans of any age who served in the active military, navel, or air service and were discharged or released under conditions other than a dishonorable discharge. These health benefits have no premium. If beneficiary has Medicare and VA, benefits are independent of one another. Medicare and VA benefits do not coordinate. You may not use Medicare at VA hospitals, facilities or with VA providers. All VA services are to be provided by the VA. The beneficiary is responsible for paying all premiums, copays, deductibles associated with Medicare.
TriCare for Life	Under the 20/20/20 rule, this program provides coverage to uniformed service retirees with 20 years of service or more, eligible spouse if married to the service member for at least 20 years, and the marriage and the period of service overlapped for at least 20 years. TriCare for Life has no premium and requires that the Tricare for Life member enrolls in both Medicare Part A & Part B. The beneficiary is responsible for paying the monthly Part B premium. This program supplements Medicare Part A & Part B services and includes prescription coverage.
COBRA or CalCOBRA	If you already have COBRA or CalCOBRA and then become eligible for Medicare, the COBRA or CalCOBRA coverage will end. If you are eligible for Medicare and then become eligible for COBRA or CalCOBRA coverage, you may have both Medicare and COBRA or CalCOBRA, however Medicare will automatically become your primary health coverage. Please remember that any premium for COBRA or CalCOBRA is in addition to your Medicare premium.
Covered CA	If you are approaching Medicare eligibility, you must inform Covered California of your Medicare eligibility. Once you are Medicare eligible any premium subsidies received will end. Contact Covered CA to disenroll from you plan to ensure timely disconnect.
Medi-Cal/Medicaid	The program provides beneficiaries assistance with the cost associated with having Medicare. Although this program works as a secondary to Medicare paying Part B premium, deductibles and copays, it also provides additional services not covered by Medicare.

Medi-Cal and Other Assistance Programs

MEDI-CAL	
Aged Blind Disabled Federal Poverty Level (ABD FPL)	In this program the State will pay the Part B Premium for anyone with ABDFPL (Free Medi-Cal) who is eligible for Medicare. Beneficiary receives financial protections and therefore pays $0 copays and $0 deductibles for Part A and Part B services that Medi-Cal would have covered. Automatically enrolled in Low Income Subsidy (LIS).
Medically Needy (MN) Program	This program is for Medicare beneficiaries. The MN program is assigned to beneficiaries whose income is above the eligibility requirements for ABDFPL. The MN program does not provide any assistance to the beneficiary until the individual has met their assigned Share of Cost (SOC) for the month. Once this occurs the beneficiary is automatically enrolled into Low Income Subsidy (LIS) for the remainder of the year or longer. However, the SOC will reset for the next month with regards to hospital and medical services.
250% Working Disabled Program	This program helps individuals who are or have been on SSDI and their SSDI has transitioned to SSA but whose income is too high to qualify for Medi-Cal ABDFPL. Program allows certain working disabled individuals to become eligible for Medi-Cal by working for minimal wages. ▪ must have Medi-Cal Share of Cost (SOC), ▪ deemed disabled by SSA, ▪ have income less than 250 percent of the federal poverty level. ▪ eligible to receive Supplemental Security Income/State Supplemental Program. This provides the beneficiary with full Medi-Cal benefits; the State will pay Part B premium. LIS enrollment is automatic.
Medi-Cal for those needing Long Term Nursing Home or eligible spouse in a Home and Community Based Service (HCBS) program to safely stay at home	Nursing home resident Spousal Impoverishment Provision allows the income of the spouse in need to be allocated to the community spouse to provide financial assistance to community spouse and prevent impoverishment. Premiums paid for “community” spouse can be deducted from gross income before determining allocations from LTC/HCBS spouses’ income to reach MMMNA. LIS is automatic with RX’s at $0 deductible/ $0 co-pays

MEDICARE SAVINGS PROGRAMS (MSPs) Each Program has a different Income level for eligibility	
Qualified Medicare Beneficiary (QMB)	Program for individuals who meet the income limit receive the benefit of the Part A and Part B premiums paid, $0 copay, $0 deductibles for hospital and medical services. Low Income Subsidy (Extra Help) enrollment is automatic.
Specified Medicare Beneficiary (SLMB)	Program for individuals who meet the income eligibility limit receive the benefit of the Part B premium paid, $0 copay, $0 deductibles for hospital and medical services. Low Income Subsidy (Extra Help) enrollment is automatic.
Qualified Individual (QI)	Program for individuals who meet the income eligibility limit receive the benefit of $0 deductible and reduced copays for both generic and brand medications. Provides automatic enrollment into Low Income Subsidy (LIS).
Qualified Working Disabled Individual (QDWI)	Program for individuals under age 65 losing Premium Part A due to losing SSDI because earnings exceeded Substantial Gainful Activity (SGA) limit. Unlike the other MSPs, QDWI enrollees are not deemed eligible for LIS.
Low Income Subsidy (LIS)	This is a Social Security program which aids with Part D related costs. ▪ Eliminates or reduces Part D plan premiums. ▪ Eliminates or reduces part D deductibles. ▪ Reduces part D copays. ▪ Provides an ongoing SEP which allows beneficiary to change Part D plans once per quarter Jan – Mar, Apr – Jun, Jul – Sept, Oct – Dec. Any change made during the AEP (Oct – Dec) will take effect January 1.

Compare Premiums & Out-of-Pocket Costs

Are you trying to decide between Original Medicare and Medicare Advantage? Use this page to compare the two choices. Write your premiums and estimated out-of-pocket costs in the Original Medicare column and in the Medicare Advantage column. If you have Medi-Cal, a Medicare Savings Program, or Extra Help, see HICAP to help determine your costs.

Medicare Premiums	Original Medicare	Medicare Advantage
Part A: Hospital Insurance	Typically $0	Typically $0
Part B: Medical Insurance [2]		
Part C: Medicare Advantage[1, 2]	N/A	
Part D: Prescription Drug Plan[1, 2]		Usually Included in Part C
Other Insurance Premiums		
Medigap Plan _____ (insert Plan letter)		N/A
Employer / Union / Retiree, Medi-Cal, or Veterans Benefits (VA)		
Dental / Vision		
Total Monthly Premium	$	$
Out-of-Pocket Costs		
Prescription Drug deductible and co-pays	$	$
	[1]Run Drug Analysis	[1]Run Drug Analysis
Hospital/Medical deductible and co-pays	$	$
	*Based on Other Insurance	* Based on Medicare Advantage Plan
Hospital/Medical Out-of-Pocket Maximum	$	$

[1.] Premium is included in the estimated annual cost of the drug analysis.
[2.] Include any IRMAA adjustments and late enrollment penalties

Medicare Enrollment Periods with Examples

Below we have listed the various enrollment periods related to Medicare, each provides access to either Original Medicare and/or a health insurance option of Medicare. Their rules and periods of access vary.

Initial Enrollment Period (IEP)	When you become Medicare Eligible: ▪ For parts A and B, your enrollment timeframe is 7 months, starting 3 months prior to Medicare eligibility month and ending 3 months after that. If you are eligible due to turning 65, the month of eligibility is the month of your 65th birthday. If you are under 65 and eligible due to disability, your month of eligibility is the 25th month of receiving Social Security Disability Insurance (SSDI). ▪ Part D – You must be eligible for either Part A or B. If newly eligible for Medicare your IEP to enroll into Part D is the same 7 months as your IEP for part B. If you receive notice of retroactive Medicare, your Part D IEP begins the month you receive notice and continues for 3 additional months. People who have Medicare due to disability receive another IEP for Part D when they turn 65 years old.
Initial Coverage Election Period (ICEP) Part C	For people who have both Medicare Part A & Part B, your Initial Coverage Election Period (ICEP) to join an MA plan will either be 7 months (Jennifer) or 3 months (Michael). For example: **Example 1:** Jennifer turns 65 on May 6. Her IEP for Parts A & B is February 1 to August 31. She enrolls in Part A & B in March with benefits effective May 1. Her ICEP to join MA plans is February 1 to August 31, which is the same 7 months of her IEP for Part A & B of Medicare. **Example 2:** Michael turns 65 on April 18 and his IEP for Part A & B is January 1 to July 31. He enrolls in Part A in April, but delays enrollment in Part B because he is still working and covered by his employer health plan. He later retires and then enrolls in Part B, which becomes effective December 1. His ICEP to enroll in an MA plan is September 1 to November 30, 3 months before both parts A & B are effective. If he does not enroll in an MA plan during his 3-month ICEP, his MA plan and his Part B will both be effective December 1.
General Enrollment Period (GEP) **(January 1-March 31)**	For those who did not enroll into Parts A or B during their IEP or terminated their Part A or Part B benefits and want to re-enroll, they may enroll in either or both Parts of Medicare during the General Enrollment Period (GEP), which is January 1 through March 31. Benefits will begin the 1st day of the following month following application. You may be subject to a late enrollment penalty. ▪ If you have premium-free part A but did not enroll in Part B during your IEP and then qualify for Medi-Cal or a Medicare Savings Program to pay your Part B premium, you may enroll in Part B at that time and not required to wait for the GEP.
Medicare Advantage Open Enrollment Period (MA OEP) **(January 1-March 31)**	▪ Allows people to disenroll from their MA plan and return to Original Medicare, or to change from one MA plan to another MA plan. This timeframe is from January 1 through March 31 every year. If you disenroll from an MA plan and return to Original Medicare, you have an SEP to enroll in a stand-alone-Part D drug plan. The SEP ends March 31 or when you enroll in a stand-alone Part D plan, whichever occurs first.

Annual Election Period (AEP) **(October 15 through December 7 every year)**	This time frame is also known as the Medicare Open Enrollment. It extends from October 15 through December 7 every year. During this period, people can join, drop, or change an MA or part D plan. ▪ If you did not enroll into an MA plan or Part D plan during your IEP, you may enroll into an MA or Part D plan during the AEP. ▪ If you had an MA plan, went back to Original Medicare, and now want to be in an MA plan again, you may enroll during the AEP. ▪ If you are already enrolled in an MA plan or Part D plan, you may change plans or disenroll from your plan during the AEP.
Special Enrollment Period (SEP) – For Part B	For people who have delayed enrollment into Part B because they have an employer group health plan (EGHP): ▪ If you become Medicare eligible at 65, and have coverage from an EGHP based on you or your spouse's current employment, you may delay enrollment in Part B. If younger than 65, become eligible for Medicare due to disability, and have coverage from an EGHP based on your or a family member's current employment, you may delay enrollment in Part B. ▪ When you stop working or the EGHP ends, you have an SEP to enroll in Part B, which is 8 months following the end of employment or the EGHP coverage, whichever is earliest. Enrollment into Part B during the SEP prevents the late enrollment penalty.
Special Election Periods (SEPs) – MA and Part D	Other SEPs: ▪ If you move out of your coverage area, you have an SEP to change plans or return to Original Medicare if you have different options in your new location. SEP begins one month before the move and lasts for two months after the move. ▪ Coverage through your (current or former) employer or union group health plan ends; you have an SEP to enroll in an MA or Part D plan. The SEP ends 2 months after the month your group plan ends. ▪ You are eligible for full Medi-Cal benefits, you have an SEP to enroll in or change MA or Part D plans once a quarter for the first 3 quarters of the year. You may also change during the AEP, which is in the fourth quarter. ▪ If you lose full Medi-Cal benefits, you have a 3-month SEP to change MA or Part D plans, starting the month you are notified of the loss of Medi-Cal eligibility. ▪ If you become eligible for the Part D Extra Help or Low-Income Subsidy (LIS), you have an SEP so long as you qualify for the Extra Help. You can change Part D plans or MA plans with prescription drug coverage once a quarter for the first 3 quarters of the year. You can also change during the Annual Election Period, which is in the fourth quarter. ▪ If you lose Extra Help (or LIS), you have a 3-month SEP beginning in the month you receive notice of losing the subsidy. ▪ If you live in an area with an MA and/or Part D plan that has an overall plan performance rating of 5 stars, you have a SEP to join that plan from December 8 through November 30 of each year. You can only enroll in a 5-star plan once during this timeframe. ▪ If you enroll in Part B during the GEP (but are not entitled to premium-free Part A), you have an SEP to enroll in a Part D plan between April 1 and June 30. If you enroll in a Part D plan during this time, it becomes effective the 1st day of the month after application. ▪ If you enroll in an MA plan during the ICEP around your 65th birthday, you have an SEP to disenroll from the MA plan during the first 12 months in the plan and enroll in Original Medicare.

Guarantee Issue Right for Medicare Advantage Members	This can occur at the end of the year during the Annual Enrollment periods AEP. This GI Right occurs when. ▪ When Medicare plan in which the individual is enrolled reduces any of its benefits or increases the amount of cost sharing or premiums ▪ Discontinues for other than good cause relating to qualify of care its relations or contract under the plan with a provider who is currently providing services to the individual. • **individual shall be eligible for a Medicare supplemental policy issued by the same insurer through which the individual was enrolled at the time of the reduction, increase.** ▪ **If no Medicare supplement policy is available to the individual from the same issuer, a subsidiary of the parent company of the issuer, or a network that contracts with the parent company of the issuer, the individual shall be eligible for a Medigap supplement policy issued by any Medigap carrier, if the MA plan does any of the following.** • **Increase the premium by 15 percent or more.** • **Increases physician, hospital, or drug copayments by 15 percent or more.** • **Reduces any benefits under the plan.** • **Discontinues, for other than good cause relating to quality of care, its relationship or contract under the plan in which the individual is enrolled.** **PLEASE NOTE – Guaranteed Issue Right applies to Plans A, B, D, G, K, L, M and N. Those who are eligible for F and C won't be sold G or D.
Medicare Advantage Trial Right 1	**This period allows individuals to test out a Medicare Advantage plan and determine if it is the right fit for their needs, However, to use the Medicare Advantage Trial Period certain criteria must be met.** ▪ **You enrolled in a Medicare Advantage plan when you turned 65 years old.** ▪ **You initially enrolled in original Medicare (Part A and B) and Medigap but later decided to switch to a Medicare Advantage plan.** ▪ **You must apply for the Medigap policy as early as 60 days before your coverage ends or no later than 63 days after your coverage ends.** **The trial period gives you 12 months to evaluate whether the Advantage plan suits your healthcare requirements.**
Medicare Advantage Trial Right 2	**Allows you to switch from Medigap to Medicare Advantage and back to Medigap.** ▪ **If you dropped a Medigap policy to join a Medicare Advantage plan for the first time, you can switch back within the first year of joining.** ▪ **If you had a Medigap policy before joining Medicare Advantage, you can purchase the same policy from the same insurance company if it is still offered.** ▪ **If the same policy isn't available, you can buy a Medigap Plan A, B, C, D, F, G, K, L, or M sold by any insurance company in your state.** ▪ **You can apply for a Medigap policy as early as 60 days before your coverage ends but no later than 63 days after your coverage ends.**

Medicare Appeals vs Complaints (Grievance)

Medicare Appeal: a serious or urgent request; an application to reverse a decision.

An appeal may be made for service/coverage denials or terminations under:

- Original Medicare
  - Part A – Hospital / Skilled Nursing Facility / Home Health Agency / Hospice
  - Part B – Physician services, therapy, labs, suppliers, ambulance, etc.
- Part C Managed Medicare Plan
  - Part A and B covered benefits
  - A Plan's extra benefits
- Part D Plan
  - Medication controls: prior authorization denial, step therapy requirement, quantity limit
  - Medicare approved medications that are not on a Plan's formulary.

Medicare appeals, whether under A, B, C (Managed Medicare) or D, all have the same steps. The name of the appeal steps and entity handling each step may be different. Hospital and skilled nursing facility appeal notices are usually buried in the initial paperwork. Be sure to read them.

Each appeals process follows a standard pattern:

- Initial decision: made by a Medicare contractor (whether it is a Medicare Administrative Contractor (MAC) for Original Medicare, Part C plan or Medicare Part D plan);
- First level of appeal: the same entity that made the initial decision reviews the decision.
- Second level of appeal: external review by an outside, independent CMS contractor; "Qualified Independent Contractor" (QIC) for Original Medicare and "Independent Review Entity" (IRE) for Part C and D.
- Third level of appeal: An Administrative Law Judge hearing if enough money is at issue.
- Fourth level of appeal: Medicare Appeals Council; and
- Fifth level of appeal: Federal District Court if enough money is at issue.

The "Initial decision" of a Part C or D Plan is called a "Coverage Determination". A refusal to provide a service or coverage by a plan practitioner or provider may sound like a denial, but it is not a formal "Coverage Determination". So, if you have not received or are unsure if your Plan gave you a "Coverage Determination" you must request one to open the door to the appeal process.

Medicare Grievance: a real or imagined wrong or other cause for complaint or protest, especially unfair treatment including enrollment/disenrollment issues, poor quality, wait times for appointments, discourteous service.

You may submit a "formal complaint" in writing or verbally.

1. First, contact the Part C or D plan*
2. 1-800-MEDICARE
3. HICAP

*Allow the Part C or D plan to resolve the issue first. Take note of the date, time, who helped you and what was discussed. If the plan response was unsatisfactory, you may file a grievance against your plan.

For information on how to get in touch with these resources, contact HICAP at (408) 350-3200.

Join the Effort Against Medicare Fraud and Abuse

Whether you have Medicare yourself, or work with Medicare patients, we can all play a part in the prevention of Fraud and Abuse. Fraud and abuse drain the trust fund we pay into throughout our working lives or as Medicare premiums each month. Organized criminal syndicates need a Medicare number, a Medicare provider ID and signature to bill Medicare for items and services that were never provided. Billions of dollars per year are being recovered from those who sought payments or obtained items they were not entitled to receive.

Protect yourself from identity theft:

- Do not fall prey to supposed phone calls from Medicare or Social Security. Neither Medicare nor Social Security will randomly contact a beneficiary by phone. Communication is in writing unless you have initiated the contact.
- Never give your Social Security number or Medicare ID to anyone who has called you. It is okay if you initiated the call to a person who has the right to know.

Check your Medicare or Medicare Plan explanation of benefits:

- Make sure you recognize the items and services listed in your statement.
- Descriptions of services include relevant billing codes. The meaning of billing codes can be found at cms.gov. Type “code lookup” in the search box.

So, join the effort – if you suspect fraud or abuse call (855) 613-7080 and talk to the Senior Medicare Patrol or contact your local HICAP at (408) 350-3200.

Health Insurance Counseling & Advocacy Program

Health Insurance Counseling and Advocacy Program (HICAP) is a service offered by Sourcewise that assists seniors, persons with disabilities, and caregivers with information needed to make informed insurance decisions. HICAP assists with the various parts of Medicare and long-term care insurance. HICAP provides free objective one-on-one counseling available in multiple languages.

HICAP volunteer counselors are located throughout Santa Clara County. Counseling appointments can be scheduled at local sites by calling HICAP at (408) 350-3200 or a site listed below.

Sourcewise provides education, expertise, and quality support services to help you and your loved one's age well at home. Our comprehensive network of services enables us to educate, facilitate and deliver services critical to the lives of seniors. HICAP services are provided by Sourcewise at no cost; however, donations are appreciated.

HICAP Counseling Sites

Visit mysourcewise.com to view a map of HICAP Counseling sites.

Site name	Site address	Site contact phone
AACI	2400 Moorpark Ave., Suite 104, San Jose, CA 95128	(408) 350-3288
Almaden Community Center	6445 Camden Ave., San Jose, CA 95120	(408) 268-1133
Alum Rock Branch Library	3090 Alum Rock Ave., San Jose, CA 95127	(408) 350-3288
Avenidas	450 Bryant Street, Palo Alto, CA 94301	(650) 289-5400
Barbara Lee Sr. Center	40 N. Milpitas Blvd., Milpitas, CA 95035	(408) 586-3400
Bascom Public Library	1000 S. Bascom Ave., San Jose, CA 95128	(408) 350-3288
Berryessa Branch Library	3355 Noble Ave., San Jose, CA 95132	(408) 350-3288
Cambrian Sr. Center	2360 Samaritan Place, San Jose, CA 95124	(408) 559-0668
Camden Community Center	3369 Union Ave., San Jose, CA 95124	(408) 559-8553
Campbell Community Center	1 West Campbell Ave., Campbell, CA 95008	(408) 866-2146
Centennial Rec. Sr. Center	171 W. Edmundson Ave., Morgan Hill, CA 95037	(408) 782-1284
Cupertino Library	10800 Torre Ave., Cupertino, CA 95014	(408) 350-3288
Cupertino Sr. Center	21251 Stevens Creek, Cupertino, CA 95014	(408) 777-3150

Cypress Community & Sr. Center	403 S. Cypress Ave., San Jose, CA 95117	(408) 244-1353
Eastside Neighborhood Center	2150 Alum Rock Ave., San Jose, CA 95116	(408) 350-3288
Health Library & Resource Center, El Camino Hospital	2500 Grant Rd., Mountain View, CA 94040	(650) 940-7210
Los Altos Senior Center	97 Hillview Ave., Los Altos, CA 94022	(650) 947-2790
Los Gatos Sr. Center	208 E. Main St., Los Gatos, CA 95032	(408) 354-1514
Mt. View Sr. Center	266 Escuela Ave., Mountain View, CA 94040	(650) 903-6330
Rose Garden Branch Library	1580 Naglee Ave., San Jose, CA 95126	(408) 350-3288
Santa Clara Sr. Center	1303 Fremont St., Santa Clara, CA 95050	(408) 615-3170
Saratoga Sr. Center	19655 Allendale Ave., Saratoga, CA 95070	(408) 868-1257
Seven Trees Community Center	3590 Cas Dr., San Jose, CA 95111	(408) 794-1690
Sourcewise De La Cruz	3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054	(408) 350-3288
Sourcewise South County	16340 Monterey Rd., Morgan Hill, CA 95037	(408) 762-7362
Southside Community Center	5585 Cottle Rd., San Jose, CA 95123	(408) 629-3336
Sunnyvale Sr. Center	550 E. Remington Dr., Sunnyvale, CA 94086	(408) 730-7360
Yu-Ai-Kai/Akiyama Wellness Center	110 Jackson Street, San Jose, CA 95112	(408) 380-3288

Please scan the QR code on the right for the most current list of Sourcewise Health Insurance Counseling and Advocacy Program partner sites in Santa Clara County.

Additional Resources

Resource Name	Contact Phone	Website
HICAP statewide access	(800) 434-0222	aging.ca.gov/HICAP
Medicare Information, Billing, Status, Appeals, etc.	(800) 633-4227	medicare.gov
Bay Area Legal Aid, Health Consumer Center	(855) 693-7285	baylegal.org
Coordination of Benefits and Recovery Center, access information about insurance that would pay before Medicare	(800) 999-1118	cms.gov/Medicare/Medicare
California Advocates for Nursing Home Reform (CANHR)	(800) 474-1116	canhr.org
California Department of Insurance	(800) 927-4357	insurance.ca.gov
California Public Employees' Retirement System (CalPERS)	(888) 225-7377	calpers.ca.gov
California State Teachers Retirement System (CalSTRS),	(800) 228-5453	calstrs.com
Covered California, California Health Insurance Exchange	(800) 300-1506	coveredca.com
California Department of Health and Human Services, Office of Inspector General, information regarding Medicare fraud, waste, and abuse	(800) 447-8477	oig.hhs.gov
Department of Veterans Affairs	(800) 827-1000	va.gov
Federal Employee Health Benefits Program (FEHBP)	(888) 767-6738	opm.gov/healthcare-insurance
Indian Health Services	(916) 930-3927	ihs.gov
Livanta, Quality Improvement Organization, Quality of care issues, hospital appeal rights, denial of admissions or early discharge from hospital	(877) 588-1123	livanta.com

Resource Name	Contact Phone	Website
National Association of Retired Federal Employees (NARFE)	(703) 838-7760 (800) 456-8410	narfe.org
Office of the Patient Advocate, find health care quality report cards	(888) 466-2219	opa.ca.gov
Railroad Retirement Board (RRB)	(877) 772-5772	rrb.gov
Senior Adults Legal Assistance	(650) 969-8656 (408) 847-7252	sala.org
Senior Medicare Patrol, report Medicare fraud, waste, or abuse	(855) 613-7080	cahealthadvocates.org/fraud-abuse
Social Security Office for Medicare Part A and B enrollment and Part D low-income subsidy,	(800) 772-1213	ssa.gov
Social Services Agency County of Santa Clara for Medi-Cal and low-income assistance	(877) 962-3633	socialservices.sccgov.org/health-coverage
TRICARE for Life, for military retirees and their families	(866) 773-0404	tricare4u.com
TriWest Healthcare Alliance West Region, for Veteran services	(877) 226-8749	triwest.com
US Department of Veterans Affairs, for information regarding VA benefits and services	(800) 698-2411	va.gov

Since 1973

Sourcewise provides adults and their caregivers the tools and services they need to effectively navigate their health and life options. Through a comprehensive network of resources, Sourcewise strives to educate, prepare, support, and advocate for all adults, their families, and their caregivers within Santa Clara County.

Sourcewise Programs & Services

Advocacy
Offers the Health Insurance Counseling & Advocacy Program (HICAP) to provide one-on-one counseling to existing Medicare beneficiaries, those who will become eligible for Medicare soon, their families, and caregivers to understand their Medicare eligibility, healthcare options and benefits in Santa Clara County. HICAP is part of the national State Health Insurance Assistance Program (SHIP) and is the Santa Clara County source for unbiased and objective Medicare-related counseling and information. Long Term Care Insurance counseling is also available

Health, Medical and Evidence Based
Offers comprehensive case management programs and services provided by a multidisciplinary care team including clinical and non-clinical support. Medical health insurance may affect eligibility.

Isolation and Digital Inclusion
Offers programs that mitigate loneliness and isolation and engage clients in social participation by providing them with greater access to technology, training and resources to bridge the digital divide.

Caregivers
Supports caregivers, both paid and unpaid, who provide care to residents of Santa Clara County.

Nutrition
Provides programs and services with the goal of ensuring eligible adults in Santa Clara County have access to a healthy and nutritious diet, regardless of their mobility or economic status.

Supportive Services
Offers access to programs and services that support you in maintaining your quality of life by addressing functional limitations, maintaining health and independence, and promoting social participation in your community.

Workforce Development
Provides the Senior Community Service Employment Program (SCSEP) in Santa Clara County for adults 55 or older with the opportunity and support needed to obtain employment. Eligible participants receive paid, on-the-job training to develop occupational skills, practical work experience, and gain individual confidence to transition to permanent employment.

SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

- 3100 De La Cruz Blvd, Suite 310
  Santa Clara, CA 95054
  (408) 350–3200
- 16340 Monterey Road
  Morgan Hill, CA 95037
  (408) 762–7362

mysourcewise.com

Your Medicare options

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage. **There are 2 main ways to get Medicare:**

Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- You can also use or shop for and buy supplemental coverage that helps pay your out-of-pocket costs (like your 20% **coinsurance**).

☑ **Part A**

☑ **Part B**

You can add:

☐ **Part D**

You can also add:

☐ **Supplemental coverage**

It can help pay some costs that Original Medicare doesn't. This includes Medicare Supplement Insurance (**Medigap**). Or you can use coverage from a current or former employer or union, or **Medi-Cal** (if you qualify).

Medicare Advantage (also known as Part C)

- A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These plans bundle together your Part A, Part B, and usually Part D.
- You may need to use doctors in its network and get approval for certain drugs or services.
- Usually have different out-of-pocket costs than Original Medicare, including a limit on out-of-pocket costs so you don't need to buy supplemental coverage like Medigap.
- Most plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

☑ **Part A**

☑ **Part B**

Most plans include:

☑ **Part D**

☑ **Extra benefits**

☑ **Lower out-of-pocket costs**

2026 Original Medicare: Parts A & B

Premiums, Benefits, & Out-of-Pocket Costs for 2026

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 0–29	$311 $565
Part B (standard rate)	N/A	$202.90[2]

Part A		
Benefit	**Your Deductible and Coinsurance** (per benefit period)[3]	
Hospital Inpatient	$1,736 deductible $434/day $868/day	Days 1–60 Days 61–90 Days 91–150[4]
Hospital Inpatient Psychiatric	Same as Hospital Inpatient but a 190 day lifetime limit	
Skilled Nursing Facility ***after a three day hospital inpatient stay with skilled care required daily***	$0 $217/day You pay all Part A SNF costs	Days 1–20 Days 21–100 Days 101+ (no coverage)
Home Health Care ***part-time skilled care; possible home health aide; up to 35 hours/week***	Nothing except 20% of covered durable medical equipment	
Hospice ***care of terminal illness***	Nothing except 5% of inpatient respite care and up to $5 per prescription	

Part B	
Benefit	**Your Deductible and Coinsurance**[5]
	Annual Deductible – $283
Some Preventive Services	0/20%
Physician Services	20%[6]
Hospital Outpatient Services	20%[6] (capped at $1,736 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

2027 Info Available Around 11/15

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 $1,890 is equal to one Social Security credit/in 2026. 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 $109,000/$218,000 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 after discharge.
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).

2026				
Beneficiaries who file an individual tax return with 2024 income:	**Beneficiaries who file a joint tax return with 2024 income:**	**Part B Income-related monthly adjustment amount (IRMAA)**	**Total monthly Part B premium amount**	**Part D IRMAA**
$109,000 or less	$218,000 or less	$0.00	$202.90	$0.00
$109,001 – $137,000	$218,001 – $274,000	$81.20	$284.10	$14.50
$137,001 – $171,000	$274,001 – $342,000	$202.90	$405.80	$37.50
$171,001 – $205,000	$342,001 – $410,000	$324.60	$527.50	$60.40
$205,001 – $500,000	$410,001 – $750,000	$446.30	$649.20	$83.30
Above $500,000	Above $750,000	$487.00	$689.90	$91.00
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouses:				
$109,000 or less		$0.00	$202.90	$0.00
$109,001 – $391,000		$446.30	$649.20	$83.30
Above $391,000		$487.00	$689.90	$91.00

2027 Info Available Around 11/15

Preventive Services

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

2027 Medicare Supplement (Medigap) Comparison Chart (draft)

The chart shows what each Medicare supplement plan covers. A dot means 100% coverage. No dot means no coverage.
50% or 75% is the percent of coverage. For example, the Plan L pays 75% of the $1,736 hospital deductible in 2026 and the member pays the remaining 25%. Plan L caps Medicare costs at $4,000/calendar year.

	PLANS								Requires Medicare eligibility before 2020	
BENEFITS / Coverage of 2026 Medicare Costs	**A**	**B**	**D**	**G[1]**	**K**	**L**	**M**	**N**	**C**	**F[1]**
Medicare Part A Hospital Inpatient Coinsurance days 61-90 ($434/day), days 91-150 ($868/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 ($217/day)			●	●	**50%**	**75%**	●	●	●	●
Medicare Part A Hospital Inpatient Deductible days 1-60 ($1,736)		●	●	●	**50%**	**75%**	**50%**	●	●	●
Medicare Part B Annual Deductible ($283)									●	●
Medicare Part B Excess Charges (up to 15%)				●						●
Foreign Travel Emergency[3]			●	●			●	●	●	●
Out-of-pocket limit in 2026[4]					**$8000[4]**	**$4000[4]**				

[1] Plan F and G High Deductible (HD): After the deductible is met [$2,950 in 2026], 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 deductible.

[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 deductiblel 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 October 15, 2025 for the 95054 zip code.
Request accurate quotes for your own age and zip code from your agent, insurance company. Medigap Premiums can also be found at www.medicare.gov

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

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.
- AARP UnitedHealthcare Medigap applicants whose Part B started 10 years ago or more would pay the higher Level 2 rates, which are equivalent to the under 65 rate.

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)	
Ace Property & Casualty	<65	349			429	133				314		550		
Insurance Co.	65	140			172	53				126		220		
(800) 601-3372	70	170			209	65				153		267		AA
chubb.com/microsites/	75	205			253	78				185		323		
ace-medicare-supplement	80	243			299	92				218		382		
American Retirement Life	<65	461			501	182				406		637		
Insurance Co.	65	184			200	73				163		255		
(866) 459-4272	70	228			248	90				201		315		AA
cigna.com	75	277			302	110				245		383		
	80	338			367	134				298		466		
(+) Blue Cross of CA	<65	311	311			604							667	
(888) 211-9813	65	127			172					182		237		
anthem.com	70	155			210					221		289		AA
	75	188			255					269		351		
	80	228			309					325		425		
(+) California Physicians	<65	531		929	930		422			743	988	1085	235	
Service	65	120		206	168		89			157	220	220	50	
(800) 443-5005	70	149		254	220		113			199	271	259	68	AA
blueshieldca.com	75	202		324	280		149			262	349	327	90	
	80	235		400	380		183			317	424	459	105	
Continental Life Ins.	<65	360	426		499					395		596		
Co. of Brentwood	65	189	224		262					197		314	66	
Tennessee	70	229	271		318					241		379	80	AA
(800) 264-4000	75	278	329		385					297		460	97	
aetnaseniorproducts.com	80	320	378		443					348		529	111	
Everence Association Inc.	<65	390			419					327		449		
(800) 348-7468	65	195			210					156		225		
everence.com	70	237			264					195		282		AA
	75	292			314					241		337		
	80	341			367					288		393		
First Health Life & Health	<65	245	321		375					239		426		
Insurance Co.	65	168	191		205					125		239		
(855) 369-4835	70	192	223		241					148		281		AA
aetnaseniorproducts.com	75	241			232	79				184		283		
	80	227	279		311					194		358		
Globe Life and Accident	<65	276	409		433					316	464	468		
Insurance Co.	65	138	202		203	35				144	224	226	32	
(800)801-6831	70	180	244		245	47				175	267	268	44	AA
globecaremedsupp.com	75	253			272					209		292		
	80	197	293		311	72				226	331	334	67	
(+) Health Net Life Ins. Co.	<65	291		453	371	198				393		416	172	
(800) 926-4178	65	143		168	183	73				145		205	85	
healthnet.com	70	173		207	220	91				180		247	102	AA
	75	214	254		278					172		322		
	80	243		308	308	135				266		345	143	
Humana Benefit Plan of IL	<65	332			405	107				302		453		
(888) 310-8482	65	175			186	50				127		215		
humana.com	70	183			193	54				132		223		AA
	75	214			231	65				163		263		
	80	249			279	75				202		315		

Sample Premiums ($ / month)

	Age	PLANS									Only if Eligible for Medicare before 2020			*Plan Rating
		A	B	D	G	G(1)	K	L	M	N	C	F	F(1)	
Humana Insurance Co.	<65	351	377		411	106	189	274		303	462	477	118	
(888) 310-8482	65	190	207		223	57	103	149		164	253	263	64	
humana.com	70	228	248		266	69	123	178		196	303	315	76	AA
	75	269	293		315	81	145	211		232	358	372	90	
	80	311	339		364	94	168	243		268	414	430	104	
Manhattan Life Assurance	<65	376			389					301		456		
Co. of America	65	161			166					125		199		
(800) 877-7703	70	182			188					142		225		AA
manhattanlife.com	75	224			231					173		277		
	80	273			282					214		341		
Medico Insurance Company	<65	506			532					399		751		
(800)228-6080	65	202			213	73				160		301	90	
gomedico.com	70	204			215	74				161		304	91	AA
	75	218			229	79				172		324	97	
	80	257			271	94				203		383	115	
Physicians Select	<65	347			412							471		
Insurance Co.	65	137			162							186		
(800)325-1048	70	147			174							199		AA
	75	171			203							232		
	80	198			235							269		
State Farm Mutual	<65	268		416	417					319	490	495		
Automobile Insurance Co.	65	112		152	152					116	205	208		
Contact local agent	70	141		193	194					147	259	262		AA
statefarm.com	75	164		230	230					177	300	303		
	80	184		262	263					204	337	341		
Tier One Insurance Co.	<65	526			588					420		647		
(833) 504-0336	65	193			195					148		233		
aflacmedicaresupplement.com	70	224			226					169		260		AA
	75	275			278					209		316		
	80	332			336					248		375		
Transamerica Life Ins. Co.	<65	278			386			214		248	434	437		
(800) 797-2643	65	134			186			103		120	210	211		
transamerica.com	70	170			236			131		152	266	267		IA
	75	209			290			161		186	327	329		
	80	247			343			190		220	386	389		
United American	<65	258	389	512	519					430	585	654		
Insurance Co.	65	131	187	222	216	49	108	153		182	252	268	49	
(800) 755-2137	70	166	239	291	283	67	143	202		240	324	344	67	AA
unitedamerican.com	75	186	273	340	332	85	157	222		282	376	399	85	
	80	190	285	381	371	102	163	231		319	418	443	102	
(+) UnitedHealthcare	<65	260	363		344		137				438	441		
Insurance Co.	65	133	186		176		70	124		149	225	226		
(800) 523-5800	70	165	230		217		86	153		185	277	279		CR
uhc.com	75	194	271		257		101	180		217	328	329		
	80	206	289		273		107	191		232	349	351		

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)	
United World Life Insurance Co. (800) 667-2937 *mutualofomaha.com*	<65	332			427					296		527		AA
	65	133			171	49				118		211		
	70	165			212	55				147		261		
	75	199			258	65				179		316		
	80	237			307	76				213		376		
USAA Life Insurance Co. (800) 531-8722 *usaa.com*	<65	195			479					277		378		AA
	65	109			162					155		211		
	70	127			177					182		247		
	75	152			212					216		296		
	80	176			264					251		343		
Washington National Insurance Co. (800) 852-6285 *bankerslife.com*	<65	345			379	98				293		398		AA
	65	138			152	39				117		159		
	70	178			196	47				152		193		
	75	217			239	57				192		234		
	80	250			275	69				234		279		

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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

2027 Medicare Part D Stand-Alone Prescription Drug Plans (PDP) - Requires Medicare Part A and/or Part B to be eligible for Part D

Provided by the Health Insurance Counseling and Advocacvy Program (HICAP) at Sourcewise
See Medicare Plan Finder, Evidence of Coverage, or Plan Formulary for details

Company Name Phone Number Website	Plan Name	Plan ID + Benefit Type(5)	Monthly Premium	Annual Deductible (3)	Offers Deductible Exemption for Indicated Tiers (3)	Copays and coinsurance amounts in Initial Coverage Phase after meeting annual deductible and prior to reaching $2,400 Max Out-of-Pocket (MOOP) limit **(2)(4)**						Extra Help (LIS) (1)	Star Rating
						Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Select Care**		
Blue Shield of California 888-292-7591 blueshieldca.com/medicare	**Rx Plus***	S2468-003 BA	$210.00	$700	No	$5	$9	19%	40%	25%	N/A		TBD
	Rx Enhanced*	S2468-004 EA	$252.60	$200	T1, T2	$0	$7	20%	30%	31%	N/A		TBD
Blue Cross and Blue Shield of IL, NM, OK, TX 1-877-665-1842 healthspring.com/medicare	**HealthSpring Assurance Rx***	S5715-049 AE	$9.30	$700	No	5%	10%	25%	31%	25%	N/A	**Yes**	TBD
Humana **1-877-529-9871** humana.com/medicare	**Value Rx Plan***	S5884-211 EA	$130.30	$687	T1, T2	$0	$0	18%	30%	26%	N/A		TBD
	Basic Rx Plan*	S5884-114 AE	$118.30	$700	No	$0	$1	25%	32%	25%	N/A		TBD
	Premier Rx Plan*	S5884-178 EA	$191.20	$350	T1, T2, T3	$0	$4	16%	50%	29%	N/A		TBD
UnitedHealthcare **1-888-867- 5564 (Rx Saver)** **1-800-753-8004 (Rx Pref)** **aarpmedicareplans.com**	**AARP Medicare Rx Preferred from UHC***	S5921-413 EA	$242.60	$300	T1, T2	$0	$5	21%	29%	30%	N/A		TBD
	AARP Medicare Rx Saver from UHC*	S5921-376 AE	$170.80	$700	No	$0	$5	20%	32%	25%	N/A		TBD
WellCare **1-844-480-0700** **wellcare.com/PDP**	**Classic***	S4802-094 AE	$7.30	$700	No	$3	25%	35%	15%	25%	N/A	**Yes**	TBD
	Value Script*	S4802-163 EA	$5.30	$700	T1	$0	25%	40%	15%	25%	$11		TBD

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 2027 in CA, the Benchmark LIS Premium subsidy amount is $7.30. 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 an exemption for certain drug tiers in this phase.

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 2027, once your total out-of-pocket costs for formulary medications in the Deductible Phase and Initial Coverage Phase reaches the $2400 max out-of-pocket (MOOP) limit, you enter the Catastrophic Phase and your co-pay costs become $0 for the remainder of the year.

5 Part D Plan Benefit Types: AE=Actuarially Equivalent; BA=Basic Alternative; DS=Defined Standard (not shown); EA=Enhanced Alternative - can provide additional credits to help beneficiary reach the $2400 MOOP limit if the DS plan cost sharing of 25% is greater than the Plan's cost sharing amount for the particular medication and Tier.

Catastrophic Phase: Once your True Out-of-Pocket (TrOOP) spending reaches the 2027 threshold of $2400, you pay $0 for covered prescription drugs for the rest of the calendar year.

*** 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 approx. $0.41 in 2027 for each month they could have enrolled in Part D but did not (unless other creditable drug coverage existed). The penalty is 1% of the annual National Base Beneficiary Premium ($41.33 in 2027) for each month of delay, rounded to nearest $0.10. 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 $2400 in OOP costs for formulary drugs in 2026. 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.

SHIP
State Health Insurance Assistance Program
Navigating Medicare

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Medicare Advantage HMO Chart 2027

HMO Basics

- HMO stands for Health Maintenance Organization.
- Medicare HMOs are contracted with Medicare to manage your care. Some HMOs require a monthly premium in addition to the Part B premium, and some give you a Part B rebate.
- You agree to receive all your Medicare benefits through the plan. The plan sets your copays.
- In HMOs, you must use the providers in the plan's network. You choose a Primary Care Provider, who is a gatekeeper for other services and makes referrals to providers within the plan Network.

Important Considerations

- **Are your doctors in the plan network?** Call the plan to ask. Call your doctors' offices to confirm.
- **Which facilities are in the plan network?** Make sure you know which hospitals your plan uses and where they are located.
- **How much does the plan charge for your medications?** Compare your drug costs at www.medicare.gov or call plans to inquire. You pay copays for your drugs that are set by the plan. Your prescription costs are capped at $2400 per year in 2027. If your drug costs fluctuate due to a deductible or other cost changes, you have the option to join the Medicare Prescription Payment Plan to spread your costs more evenly through the year.
- **Do you travel?** Emergency and urgent care services are covered while travelling within the United States. Many plans offer worldwide emergency coverage. Ask about the preauthorization process for using services outside of the plan network.
- **Which extra benefits are important to you?** Medicare Advantage plans offer extra benefits beyond what Medicare covers. Some extra benefits are shown in this chart. Other benefits, including Special Supplemental Benefits for the Chronically Ill (SSBCI), may be offered. Contact the plan, or read the Summary of Benefits, to find out what extra benefits they offer.

Medicare + Medi-Cal and HMOs

- Many Medi-Medi beneficiaries pay reduced or $0 plan premiums because of automatic Extra Help and Medi-Cal assistance. Most plans available to dual eligible beneficiaries have a $0 premium.
- Medi-Medi beneficiaries generally have $0 cost-sharing for covered Medicare and Medi-Cal services. Providers may not bill beneficiaries for Medicare cost-sharing amounts that are the responsibility of Medi-Cal. This prohibited practice is commonly referred to as improper billing.
- When you use the plan's In-Network doctors, you do not need to ask if they take Medi-Cal.
- Drugs are usually a maximum of $1.60 for generics and $4.90 for brand names due to automatic Extra Help benefits. Call the plan to make sure it covers your drugs before enrolling.

HMO

2027 Medicare Advantage HMO Plan Snapshot: Plans with Prescription Drug Coverage						
Pg. #	Company Name	Plan Name	Type	Premium	Part B Rebate	Medi-Medi/LIS Premium
?	Aetna Medicare	Signature	HMO	$102	No	$94.70
?	Aetna Medicare	Signature Extra	HMO	$104	No	$94.70
?	Alignment Health Plan	Central Health Harmony	HMO	$0	No	$0
?	Alignment Health Plan	Honor Plus	HMO	$7.30	No	$0
?	Alignment Health Plan	My Choice	HMO	$0	No	$0
?	Alignment Health Plan	Smart	HMO	$0	$108	$0
?	Alignment Health Plan	Sutter Advantage +More	HMO	$51	No	$43.70
?	Astiva Health	Premier Plan - NorCal	HMO	$0	No	$0
?	Astiva Health	Savings Plan - NorCal	HMO	$0	$161	$0
?	Blue Shield of California	Inspire	HMO	$61	No	$53.70
?	Imperial Health Plan	Courage Plan	HMO	$0	$85	$0
?	Imperial Health Plan	Dynamic Plan	HMO	$0	$15	$0
?	Kaiser Permanente	Basic Santa Clara	HMO	$27	No	$19.70
?	Kaiser Permanente	Enhanced Santa Clara	HMO	$101	No	$93.70
?	SCAN Health Plan	Classic	HMO	$0	No	$0
?	SCAN Health Plan	Costco Medicare Advantage	HMO	$0	No	$0
?	SCAN Health Plan	Sutter Senior Advantage	HMO	$49	No	$0

Medicare Advantage HMO Plan Snapshot: Plans WITHOUT Prescription Drug Coverage						
Pg. #	Company Name	Plan Name	Type	Premium	Part B Rebate	Medi-Medi/LIS Premium
?	Aetna Medicare	Eagle	HMO	$0	$40	$0

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Santa Clara County Contracted Medical Groups (Acronym Key)

AHPN (Alignment Health Plan Network)

BAC (Bay Area Care Partners)

BT (Brown & Toland)

CA IPA (California IPA)

CIPA (Center IPA)

CC (Community Clinics (Gardner, AACI, Indian Health, etc.)

ElCam (El Camino Health Medical Network / Silicon Valley Medical Development, LLC)

Hill (Hill Physicians)

IHH (Imperial Health Holdings)

MPIPA (MedCare Partners IPA)

MCPC (MedCare Partners–Premier Care of Northern California)

NPI (Nivano Physicians Inc)

NEMS (North East Medical Services)

NCPG (Northern California Physicians Group)

OM (One Medical)

OPT (Optum PMGSJ)

KP (Permanente Medical Group - Kaiser)

PPIPA (Physician Partners IPA)

PCI (Premier Care IPA)

SCCIPA (Santa Clara County IPA)

SCVMCPS (Santa Clara Valley Medical Center Physician Services)

SMG (Seoul Medical Group)

SHC (Stanford Health Care)

SUT / PAMF (Sutter / Palo Alto Medical Foundation)

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**Aetna Medicare Signature (HMO)**	**Aetna Medicare Signature Extra (HMO)**	**Alignment Central Health Harmony 031 (HMO)**
Plan ID	**H0523-083-0**	**H4982-030-0**	**H3815-031-0**
Plan Website	**aetna.com**	**aetna.com**	**alignmenthealthplan.com**
Non-Members	844-509-6254	844-509-6254	888-979-2247
Members	833-570-6670	833-570-6670	866-634-2247
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	OM, SCCIPA, SCVMCPS	OM, SCCIPA, SCVMCPS	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP
PREMIUM	**$102**	**$104**	**$0**
Maximum Out-of-Pocket Limit	$3,900	$3,900	$3,400
INPATIENT (PART A)			
Inpatient Hospitalization	$400 per day 1-7	$400 per day 1-7	$175 per day 1-5
	$0 per day 8-90	$0 per day 8-90	$0 per day 6-90
Skilled Nursing Facility	$20 per day 1-20	$20 per day 1-20	$0 per day 1-20
	$218 per day 21-100	$218 per day 21-100	$100 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$0	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	$150	$150	$150
Urgent Care	$65	$65	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	$30
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$300	$300	$175
Occupational Therapy	$0	$0	$0
Physical Therapy	$0	$0	$0
PRESCRIPTION DRUGS (PART D)	$700 deductible, $2400 max	$700 deductible, $2400 max	$0 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	$5	$5	$3
Preferred Brand	17%	17%	$40
Brand	28%	28%	$100
Specialty	25%	25%	33%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	$0	$0	$195-$1750
Preventive Dental	$0: Oral Exam, Cleaning, X-ray	$0: Oral Exam, Cleaning, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	Not covered	Not covered	$0
Over the Counter Allowance	Not covered	Not covered	$0
In-home Support Services	Not covered	Not covered	Not covered
World Wide Emergency	$150	$150	$20
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**Alignment Health Honor Plus 060 (HMO)**	**Alignment Health My Choice 050 (HMO)**	**Alignment Health Smart 040 (HMO)**
Plan ID	**H3815-060-0**	**H3815-050-0**	**H3815-040-0**
Plan Website	**alignmenthealthplan.com**	**alignmenthealthplan.com**	**alignmenthealthplan.com**
Non-Members	888-979-2247	888-979-2247	888-979-2247
Members	866-634-2247	866-634-2247	866-634-2247
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP	AHPN	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP
PREMIUM	**$7.30**	**$0**	**$0 + $108 Part B Rebate**
Maximum Out-of-Pocket Limit	$9,850	$3,499	$3,999
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per day 1-60	$100 per day 1-5	$200 per day 1-5
	$434 per day 61-90	$0 per day 6-90	$0 per day 6-90
Skilled Nursing Facility	$0 per day 1-20	$20 per day 1-20	$20 per day 1-20
	$217 per day 21-100	$100 per day 21-100	$100 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$0	$5
Lab Services	20%	$0	$0
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	20%	$150	$150
Urgent Care	20%	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	20%	$175	$100
Occupational Therapy	20%	$0	$0
Physical Therapy	20%	$0	$0
PRESCRIPTION DRUGS (PART D)	$700 deductible, $2400 max	$0 deductible, $2400 max	$700 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	25%	$3	$3
Preferred Brand	25%	$40	$45
Brand	27%	40%	$100
Specialty	25%	33%	25%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	Not covered	$195-$1750	Not covered
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	$0	$0	Not covered
Over the Counter Allowance	$0	$0	Not covered
In-home Support Services	Not covered	Not covered	Not covered
World Wide Emergency	$75	$0	$50
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**Alignment Health Sutter Advantage +More (HMO)**	**Astiva Health Premier Plan - NorCal (HMO)**	**Astiva Health Savings Plan - NorCal (HMO)**
Plan ID	**H3815-020-0**	**H1993-012-0**	**H1993-011-0**
Plan Website	**alignmenthealthplan.com**	**astivahealth.com**	**astivahealth.com**
Non-Members	888-979-2247	866-610-0655	866-610-0655
Members	866-634-2247	866-688-9021	866-688-9021
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	SUT / PAMF	CA IPA, MCPC, PPIPA, PCI, SCCIPA	CA IPA, MCPC, PPIPA, PCI, SCCIPA
PREMIUM	**$51**	**$0**	**$0 + $161 Part B Rebate**
Maximum Out-of-Pocket Limit	$4,900	$2,000	$2,500
INPATIENT (PART A)			
Inpatient Hospitalization	$275 per day 1-5	$75 per day 1-5	$100 per day 1-5
	$0 per day 6-90	$0 per day 6-90	$0 per day 6-90
Skilled Nursing Facility	$10 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$160 per day 21-57	$221 per day 21-100	$221 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$5	$0	$0
Specialist Visit	$25	$0	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$150	$30	$50
X-Rays	$15	$0	$20
Emergency Care	$120	$85	$90
Urgent Care	$0	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$250	$150	$160
Occupational Therapy	$0	$0	$25
Physical Therapy	$0	$0	$0
PRESCRIPTION DRUGS (PART D)	$0 deductible, $2400 max	$0 deductible, $2400 max	$0 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	$5	$0	$0
Preferred Brand	$40	$35	$40
Brand	32%	$95	$95
Specialty	33%	33%	33%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	Not covered	$0	$0
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	Not covered	$0	Not covered
Over the Counter Allowance	$0	$0	Not covered
In-home Support Services	Not covered	Not covered	Not covered
World Wide Emergency	$0	$0	$0
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**Blue Shield Inspire (HMO)**	**Imperial Courage Plan (HMO)**	**Imperial Dynamic Plan (HMO)**
Plan ID	**H0504-047-0**	**H5496-016-0**	**H5496-012-0**
Plan Website	**blueshieldca.com**	**imperialhealthplan.com**	**imperialhealthplan.com**
Non-Members	888-534-4263	800-838-5914	800-838-5914
Members	800-776-4466	800-838-8271	800-838-8271
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	BT, Hill, OPT, SCCIPA	CIPA, IHH, MPIPA, MCPC, NPI, PPIPA, PCI, SCCIPA, SMG	CIPA, IHH, MPIPA, MCPC, NPI, PPIPA, PCI, SCCIPA, SMG
PREMIUM	**$61**	**$0 + $85 Part B Rebate**	**$0 + $15 Part B Rebate**
Maximum Out-of-Pocket Limit	$5,100	$2,999	$295
INPATIENT (PART A)			
Inpatient Hospitalization	$275 per day 1-5	$150 per day 1-5	$0 per day 1-90
	$0 per day 6-90	$0 per day 6-90	$0 per day 1-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$200 per day 21-100	$200 per day 21-100	per day 21-50, $200 per day 5
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$5	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$75	$0	$0
X-Rays	$0	$0	$0
Emergency Care	$130	$125	$125
Urgent Care	$0	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$285	$150	$150
Occupational Therapy	$10	$10	$0
Physical Therapy	$10	20%	$0
PRESCRIPTION DRUGS (PART D)	$475 deductible, $2400 max	Not covered	$0 deductible, $2400 max
Preferred Generic	$0	Not covered	$0
Generic	$5	Not covered	$6
Preferred Brand	22%	Not covered	$45
Brand	27%	Not covered	$90
Specialty	28%	Not covered	33%
EXTRA BENEFITS:			
Hearing Exam	Not covered	Not covered	$0
Hearing Aids	Not covered	Not covered	$0
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	Not covered	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	No	No	Yes
Vision Routine Eye Exam	$0	Not covered	$0
Vision Eyewear	$0	Not covered	$0
Fitness Benefit	$0	Not covered	$0
Transportation	Not covered	Not covered	$0
Over the Counter Allowance	Not covered	Not covered	$0
In-home Support Services	Not covered	Not covered	$0
World Wide Emergency	$130	$0	$0
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**Kaiser Permanente Sr Adv Basic Santa Clara (HMO)**	**Kaiser Permanente Sr Adv Enhanced Santa Clara (HMO)**	**SCAN Classic (HMO)**
Plan ID	**H0524-062-0**	**H0524-039-0**	**H5425-069-0**
Plan Website	**kp.org**	**kp.org**	**scanhealthplan.com**
Non-Members	800-777-1238	800-777-1238	888-315-7226
Members	800-443-0815	800-443-0815	800-559-3500
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	KP	KP	BAC, BT, MCPC, NCPG, OPT
PREMIUM	**$27**	**$101**	**$0**
Maximum Out-of-Pocket Limit	$6,000	$3,900	$999
INPATIENT (PART A)			
Inpatient Hospitalization	$410 per day 1-5	$350 per day 1-5	$150 per day 1-5
	$0 per day 6-90	$0 per day 6-90	$0 per day 6-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
1-100	$221 per day 21-100	$221 per day 21-100	$100 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$30	$20	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$300	$300	$100
X-Rays	$20	$0	$0
Emergency Care	$130	$150	$125
Urgent Care	$0	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$350	$350	$95
Occupational Therapy	$25	$10	$0
Physical Therapy	$25	$10	$0
PRESCRIPTION DRUGS (PART D)	$0 deductible, $2400 max	$0 deductible, $2400 max	$450 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	$0	$5	$0
Preferred Brand	$47	$47	$42
Brand	$100	$100	35%
Specialty	31%	31%	28%
EXTRA BENEFITS:			
Hearing Exam	Not covered	Not covered	$0
Hearing Aids	Not covered	Not covered	$550-$950
Preventive Dental	$0: Oral Exam, Cleaning, X-ray	$0: Oral Exam, Cleaning, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	Not covered	Not covered	$0
Fitness Benefit	$0	$0	$0
Transportation	Not covered	Not covered	Not covered
Over the Counter Allowance	$0	$0	$0
In-home Support Services	Not covered	Not covered	Not covered
World Wide Emergency	$130	$150	$125
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage			
Plan Name	**SCAN Costco Medicare Advantage (HMO)**	**SCAN Sutter Senior Advantage, a SCAN Medicare Plan (HMO)**	
Plan ID	**H5425-137-0**	**H5425-148-0**	
Plan Website	**scanhealthplan.com**	**scanhealthplan.com**	
Non-Members	833-608-9576	888-315-7226	
Members	800-559-3500	800-749-9358	
Star Rating	Coming Soon	Coming Soon	
Contracted Medical Groups (verify with Plan & Provider)	BAC, BT, MCPC, NCPG, OPT	Sut / PAMF	
PREMIUM	**$0**	**$49**	
Maximum Out-of-Pocket Limit	$999	$4,900	
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per stay	$295 per day 1-5	
	$0 per stay	$0 per day 6-90	
Skilled Nursing Facility	$0 per day 1-20	$10 per day 1-20	
	$221 per day 21-100	$210 per day 21-100	
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	
Specialist Visit	$0	$25	
Lab Services	$0	$0	
Diagnostic Radiology (MRI)	$100	$150	
X-Rays	$0	$15	
Emergency Care	$125	$130	
Urgent Care	$0	$0	
Durable Medical Equipment	20%	20%	
Dialysis	20%	20%	
Chemothherapy Part B Drugs	20%	20%	
Ground Ambulance	$95	$250	
Occupational Therapy	$0	$30	
Physical Therapy	$0	$30	
PRESCRIPTION DRUGS (PART D)	$450 deductible, $2400 max	$0 deductible, $2400 max	
Preferred Generic	$0	$0	
Generic	$0	$0	
Preferred Brand	$42	24%	
Brand	35%	30%	
Specialty	28%	33%	
EXTRA BENEFITS:			
Hearing Exam	$0	$0	
Hearing Aids	$0	$550-$950	
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	
Comprehensive Dental	Yes	Yes	
Vision Routine Eye Exam	$0	$0	
Vision Eyewear	$0	$0	
Fitness Benefit	$0	$0	
Transportation	Not covered	Not covered	
Over the Counter Allowance	$0	$0	
In-home Support Services	Not covered	Not covered	
World Wide Emergency	$125	$130	
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			

2027 Part C Medicare Advantage HMO Plans without Part D Prescription Drug Coverage			
Plan Name	**Aetna Medicare Eagle (HMO)**		
Plan ID	**H0523-099-0**		
Plan Website	**aetna.com**		
Non-Members	844-509-6254		
Members	833-570-6670		
Star Rating	Coming Soon		
Contracted Medical Groups (verify with Plan & Provider)	OM, SCCIPA, SCVMCPS		
TOTAL PREMIUM	**$0 + $40 Part B Rebate**		
Maximum Out-of-Pocket Limit	$4,450		
INPATIENT (PART A)			
Inpatient Hospitalization	$150 per day 1-5		
	$0 per day 6-90		
Skilled Nursing Facility	$20 per day 1-20		
	$221 per day 21-100		
OUTPATIENT (PART B)			
Primary Doctor Visit	$0		
Specialist Visit	$0		
Lab Services	$0		
Diagnostic Radiology (MRI)	$100		
X-Rays	$0		
Emergency Care	$150		
Urgent Care	$50		
Durable Medical Equipment	20%		
Dialysis	20%		
Chemothherapy Part B Drugs	20%		
Ground Ambulance	$245		
Occupational Therapy	$0		
Physical Therapy	$0		
PRESCRIPTION DRUGS (PART D)	Not covered		
Preferred Generic	Not covered		
Generic	Not covered		
Preferred Brand	Not covered		
Brand	Not covered		
Specialty	Not covered		
EXTRA BENEFITS:			
Hearing Exam	$0		
Hearing Aids	$0		
Preventive Dental	$0: Oral Exam, Cleaning, X-ray		
Comprehensive Dental	Yes		
Vision Routine Eye Exam	$0		
Vision Eyewear	$0		
Fitness Benefit	$0		
Transportation	Not covered		
Over the Counter Allowance	$0		
In-home Support Services	Not covered		
World Wide Emergency	$150		
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			

Medicare Advantage PPO Chart 2027

PPO Basics

- PPO stands for Preferred Provider Organization.
- Medicare PPOs are contracted with Medicare to manage your care. Some PPOs have a monthly premium in addition to the Part B premium, and some give you a Part B rebate.
- You agree to receive all your Medicare benefits through the plan. The plan sets your copays.
- You can use providers and suppliers In-Network of the plan at lower rates.
- You can see providers who are Out-of-Network, but you will generally pay higher Out-of-Network rates. There is no referral needed for Out-of-Network care.
- For Out-of-Network care, you may have to submit your own claims for reimbursement. *See page 2 for details.*

Important Considerations

- **Are your doctors in the plan network?** If you prefer to pay the In-Network rate, call the plan to ask if your doctors are in the network. Call your doctors' offices to confirm.
- **Which facilities are in the plan network?** Make sure you know which hospitals your plan uses and where they are located.
- **How much does the plan charge for your medications?** Compare your drug costs at www.medicare.gov or call plans to inquire. You pay copays for your drugs that are set by the plan. Your prescription costs are capped at $2400 per year in 2027. If your drug costs fluctuate due to a deductible or other cost changes, you have the option to join the Medicare Prescription Payment Plan to spread your costs more evenly through the year.
- **Which extra benefits are important to you?** Medicare Advantage plans offer extra benefits beyond what Medicare covers. Some extra benefits are shown in this chart. Other benefits, including Special Supplemental Benefits for the Chronically Ill (SSBCI), may be offered. Contact the plan, or read the Summary of Benefits, to find out what extra benefits they offer.
- **Have you compared MA-PPOs to Original Medicare?** PPOs offer provider flexibility but can have high costs when you go Out-of-Network. Make sure to compare PPOs with Original Medicare. Original Medicare allows you to go to any provider who takes Medicare. You can supplement the costs of Original Medicare by purchasing a Medigap policy, though you may have to go through underwriting. Talk with a HICAP Counselor to compare the options.

PPO

2027 Medicare Advantage PPO Plan Snapshot: Plans with Prescription Drug Coverage						
Pg. #	Company Name	Plan Name	Type	Premium	Part B Rebate	Medi-Medi/LIS Premium
?	Alignment Health Plan	Advantage	PPO	$101.50	No	$94.20

PPO Claims Processing

- **In-Network:**
  In-Network billing works just like an HMO plan. Only the patient copay can be collected at the time of service. The provider then bills the PPO plan. The plan pays the provider and informs the provider and the patient how much the patient owes to the provider, via an Explanation of Benefits (EOB). The provider then bills the patient for any balance. In most cases, the copay taken on the date of service will be the only amount charged to the patient.
- **Out-of-Network:**
  Out-of-Network billing can be complicated for the patient. Plans prefer that the provider bills the plan directly. However, there is no contract, so the provider might charge the patient the full cost of the appointment. The patient then must submit a claim to the plan for reimbursement. If the amount billed was more than the Medicare allowable rate, the beneficiary may also seek reimbursement from the provider.

Medicare + Medi-Cal and PPOs

- Plan premiums for Medi-Medi beneficiaries are discounted due to automatic Extra Help benefits.
- Medi-Medi beneficiaries generally have $0 cost-sharing for covered Medicare and Medi-Cal services. Providers may not bill beneficiaries for Medicare cost-sharing amounts that are the responsibility of Medi-Cal. This prohibited practice is commonly referred to as improper billing.
- If you use doctors In-Network of the plan, you do not need to ask if they take Medi-Cal.
- If you use doctors Out-of-Network of the plan, you must see doctors who take both Medicare and Medi-Cal, just like with Original Medicare.
- Drugs are usually a maximum of $1.60 for generics and $4.90 for brand names due to automatic Extra Help benefits. Call the plan to make sure it covers your drugs before enrolling.

ACL Administration for Community Living
SHIP State Health Insurance Assistance Program Navigating Medicare

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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

2027 Part C Medicare Advantage PPO Plans with Part D Prescription Drug Coverage			
Plan Name	**Alignment Health Advantage PPO (PPO)**		
Plan ID	**H8832-002-0**		
Plan Website	**alignmenthealthplan.com**		
Non-Members	888-979-2247		
Members	866-634-2247		
Star Rating	Plan too new to be measured		
Contracted Medical Groups (verify with Plan & Provider)	AHPN		
	In-Network Costs	**Out-of-Network Costs**	
PREMIUM	**$101.50**	**$101.50**	
Maximum Out-of-Pocket Limit	$2,850	$5,150	
INPATIENT (PART A)			
Inpatient Hospitalization	$75 per day 1-5	40%	
	$0 per day 6-90	40%	
Skilled Nursing Facility	$0 per day 1-20	40%	
	$50 per day 21-100	40%	
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	40%	
Specialist Visit	$0	40%	
Lab Services	$0	40%	
Diagnostic Radiology (MRI)	$0	40%	
X-Rays	$0	40%	
Emergency Care	$100	$100	
Urgent Care	$0	$0	
Durable Medical Equipment	20%	40%	
Dialysis	$0	40%	
Chemothherapy Part B Drugs	20%	40%	
Ground Ambulance	$100	40%	
Occupational Therapy	$0	40%	
Physical Therapy	$0	40%	
PRESCRIPTION DRUGS (PART D)	$0 deductible, $2400 max	$0 deductible, $2400 max	
Preferred Generic	$0	$0	
Generic	$3	$0	
Preferred Brand	$40	$0	
Brand	32%	$0	
Specialty	33%	$0	
EXTRA BENEFITS:			
Hearing Exam	$0	40%	
Hearing Aids	Not covered	Not covered	
Preventive Dental	Not covered	Not covered	
Comprehensive Dental	No	No	
Vision Routine Eye Exam	$0	40%	
Vision Eyewear	$0	40%	
Fitness Benefit	$0	$0	
Transportation	$0	40%	
Over the Counter Allowance	Not covered	Not covered	
In-home Support Services	Not covered	Not covered	
World Wide Emergency	$0	$0	

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

Chronic Condition & Institutional Special Needs Plan (C-SNP & I-SNP) Chart 2027

C-SNP & I-SNP Basics

- C-SNP (Chronic Condition Special Needs Plan) is for individuals diagnosed with one or more Medicare-approved qualifying chronic conditions.
- I-SNP (Institutional Special Needs Plan) is for individuals who live in or require an institutional level of care for 90 days or longer, such as in a nursing home, skilled nursing facility, or receiving equivalent care at home.
- You must meet the plan's eligibility criteria to enroll, but you can join at any time during the year without waiting for the Annual Enrollment Period.
- Both C-SNPs and I-SNPs include specialized benefits and provider networks tailored to the member's health needs, which may include:
  - Lower cost sharing and longer inpatient benefit periods
  - Coordinated care teams and wellness programs
  - Transportation or social services supporting medical needs
  - On-site or in-home nursing and primary care (for I-SNPs)
  - Support for care transitions between home, facility, or hospital
- Plans are typically HMO or PPO, and members agree to receive all Medicare benefits through the plan. Copays are set by the plan.

Important Considerations

- **Are your doctors and facilities in the plan network?** Verify that your doctors and care facilities are in the plan's network. I-SNPs are often tied to specific facilities, while C-SNPs include networks focused on chronic conditions.
- **How much does the plan charge for your medications?** Compare your drug costs at www.medicare.gov or call plans to inquire. You pay copays for your drugs that are set by the plan. Your prescription costs are capped at $2400 per year in 2027. If your drug costs fluctuate due to a deductible or other cost changes, you have the option to join the Medicare Prescription Payment Plan to spread your costs more evenly through the year.
- **Do you travel?** Emergency and urgent care are generally covered throughout the U.S. Many C-SNPs also include worldwide emergency coverage. I-SNP coverage is typically limited to your local care area.
- **Which extra benefits are important to you?** Medicare Advantage plans offer extra benefits beyond what Medicare covers. Some extra benefits are shown in this chart. Other benefits, including Special Supplemental Benefits for the Chronically Ill (SSBCI), may be offered. Contact the plan, or read the Summary of Benefits, to find out what extra benefits they offer.

Medicare + Medi-Cal and SNPs

- Plan premiums for Medi-Medi beneficiaries are discounted due to automatic Extra Help benefits. All plans are $0.
- Medi-Medi beneficiaries have $0 copay for Hospital and Medical Care. Providers cannot charge copays to Medi-Medi beneficiaries. This is an illegal practice called "Improper Billing".
- When you use the plan's In-Network doctors, you do not need to ask if they take Medi-Cal.
- Drugs are usually a maximum of $1.60 for generics and $4.90 for brand names due to automatic Extra Help benefits. Call the plan to make sure it covers your drugs before enrolling.

2027 Chronic & Institutional Special Needs Plans (C-SNP & I-SNP) Cardiovascular Disorders, Chronic Heart Failure, Diabetes Mellitus						
Pg. #	Company Name	Plan Name	Type	Premium	Part B Rebate	Medi-Medi/LIS Premium
?	Align Senior Care	Premier Care	HMO I-SNP	$0	No	$0
?	Align Senior Care	Senior Care	HMO I-SNP	$7.30	No	$0
?	Alignment Health Plan	BreathEasy Plus	HMO C-SNP	$0	$1	$0
?	Alignment Health Plan	Clarity Plus	HMO C-SNP	$7.30	$1	$0
?	Alignment Health Plan	Heart & Diabetes 010	HMO C-SNP	$0	No	$0
?	Alignment Health Plan	Heart & Diabetes 048	HMO C-SNP	$0	No	$0
?	Alignment Health Plan	Heart & Diabetes 051	HMO C-SNP	$0.10	No	$0
?	Alignment Health Plan	Heart & Diabetes Plus 039	HMO C-SNP	$7.30	No	$0
?	Alignment Health Plan	Heart & Diabetes Plus 045	HMO C-SNP	$7.30	$2	$0
?	Astiva Health	C-SNP WOW - NorCal	HMO C-SNP	$12	No	$0
?	Imperial Health Plan	Flex	HMO C-SNP	$0	No	$0
?	Imperial Health Plan	Senior Value	HMO C-SNP	$0	$12	$0
?	SCAN Health Plan	Balance	HMO C-SNP	$0	No	$0
?	SCAN Health Plan	Strive	HMO C-SNP	$0	No	$0

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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

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional			
Plan Name	**Align Premier Care (HMO I-SNP)**	**Align Senior Care (HMO I-SNP)**	**Alignment Health BreathEasy Plus 041 (HMO C-SNP)**
Plan ID	**H3274-002-0**	**H3274-001-0**	**H3815-041-0**
Plan Website	**alignseniorcare.com**	**alignseniorcare.com**	**alignmenthealthplan.com**
Non-Members	844-305-3879	844-305-3879	888-979-2247
Members	844-305-3879	844-305-3879	866-634-2247
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	Check with Plan	Check with Plan	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, SCCIPA, SMG, TOP
PREMIUM	**$0**	**$7.30**	**$0 + $1 Part B Rebate**
Maximum Out-of-Pocket Limit	$1,900	$9,850	$9,850
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per stay	$235 per day 1-10	$0 per day 1-60
	$0 per stay	$0 per day 11-90	$434 per day 61-90
Skilled Nursing Facility	$0 per day 1-100	$0 per day 1-100	$0 per day 1-20
	$0 per day 1-100	$0 per day 1-100	$217 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	20%	$0
Lab Services	$0	$0	20%
Diagnostic Radiology (MRI)	20%	20%	$0
X-Rays	$0	$0	$0
Emergency Care	$90	$115	20%
Urgent Care	$40	$40	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$125	20%	20%
Occupational Therapy	$0	20%	20%
Physical Therapy	$0	20%	20%
PRESCRIPTION DRUGS (PART D)	$50 deductible, $2400 max	$700 deductible, $2400 max	$700 deductible, $2400 max
Preferred Generic	$0	25%	$0
Generic	$10	25%	25%
Preferred Brand	25%	25%	25%
Brand	25%	25%	28%
Specialty	32%	25%	25%
EXTRA BENEFITS:			
Hearing Exam	Not covered	$0	$0
Hearing Aids	Not covered	$0	$0
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	Not covered	Not covered	$0
Transportation	$0	$0	$0
Over the Counter Allowance	$0	$0	$0
In-home Support Services	$0	$0	$0
World Wide Emergency	Not covered	Not covered	$75
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional			
Plan Name	**Alignment Health Clarity Plus 042 (HMO C-SNP)**	**Alignment Health Heart & Diabetes 010 (HMO C-SNP)**	**Alignment Health Heart & Diabetes 048 (HMO C-SNP)**
Plan ID	**H3815-042-0**	**H3815-010-0**	**H3815-048-0**
Plan Website	**alignmenthealthplan.com**	**alignmenthealthplan.com**	**alignmenthealthplan.com**
Non-Members	888-979-2247	888-979-2247	888-979-2247
Members	866-634-2247	866-634-2247	866-634-2247
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, SCCIPA, SMG, TOP	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP
PREMIUM	**$7.30 + $1 Part B Rebate**	**$0**	**$0**
Maximum Out-of-Pocket Limit	$9,850	$1,900	$1,990
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per day 1-60	$100 per day 1-3	$100 per day 1-5
	$434 per day 61-90	$0 per day 4-90	$0 per day 6-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-31	$20 per day 1-20
	$217 per day 21-100	$50 per day 32-100	$100 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$3	$0
Lab Services	20%	$0	$0
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	20%	$150	$150
Urgent Care	$0	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	20%	$100	$100
Occupational Therapy	20%	$0	$0
Physical Therapy	20%	$0	$0
PRESCRIPTION DRUGS (PART D)	$700 deductible, $2400 max	$0 deductible, $2400 max	$0 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	25%	$5	$5
Preferred Brand	25%	$30	$30
Brand	29%	40%	50%
Specialty	25%	33%	33%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	$0	Not covered	Not covered
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	No
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	$0	$0	$0
Over the Counter Allowance	$0	$0	$0
In-home Support Services	$0	$0	$0
World Wide Emergency	$75	$0	$0
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			

2027 Part C Medicare Advantage HMO Plans with Part D Prescription Drug Coverage for Chronic & Institutional			
Plan Name	**Alignment Health Heart & Diabetes 051 (HMO C-SNP)**	**Alignment Health Heart & Diabetes Plus 039 (HMO C-SNP)**	**Alignment Health Heart & Diabetes Plus 045 (HMO C-SNP)**
Plan ID	**H3815-051-0**	**H3815-039-0**	**H3815-045-0**
Plan Website	**alignmenthealthplan.com**	**alignmenthealthplan.com**	**alignmenthealthplan.com**
Non-Members	888-979-2247	888-979-2247	888-979-2247
Members	866-634-2247	866-634-2247	866-634-2247
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, SCCIPA, SMG, TOP	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, OPT, SCCIPA, SMG, TOP	AHPN, BAS, BT, CA IPA, ElCam, NEMS, OM, SCCIPA, SMG, TOP
PREMIUM	**$0.10**	**$7.30**	**$7.30 + $2 Part B Rebate**
Maximum Out-of-Pocket Limit	$9,850	$9,850	$9,850
INPATIENT (PART A)			
Inpatient Hospitalization	$225 per day 1-6	$275 per day 1-6	$0 per day 1-60
	$0 per day 7-90	$0 per day 7-90	$434 per day 61-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$217 per day 21-100	$217 per day 21-100	$217 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$0	$0
Lab Services	20%	20%	20%
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	$85	20%	20%
Urgent Care	$0	$0	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	$175	20%	20%
Occupational Therapy	$0	20%	20%
Physical Therapy	$0	20%	20%
PRESCRIPTION DRUGS (PART D)	$700 deductible, $2400 max	$700 deductible, $2400 max	$700 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	25%	25%	25%
Preferred Brand	25%	25%	25%
Brand	28%	29%	28%
Specialty	25%	25%	25%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	$0	$0	$0
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	$0	$0	$0
Over the Counter Allowance	$0	$0	$0
In-home Support Services	$0	$0	$0
World Wide Emergency	$0	$75	$75
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			

2027 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)**	**Imperial Flex (HMO C-SNP)**	**Imperial Senior Value (HMO C-SNP)**
Plan ID	**H1993-013-0**	**H5496-017-0**	**H5496-005-0**
Plan Website	**astivahealth.com**	**imperialhealthplan.com**	**imperialhealthplan.com**
Non-Members	866-610-0655	800-838-5914	800-838-5914
Members	866-688-9021	800-838-8271	800-838-8271
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	CA IPA, MCPC, PPIPA, PCI, SCCIPA	CIPA, IHH, MPIPA, MCPC, NPI, PPIPA, PCI, SCCIPA	CIPA, IHH, MPIPA, MCPC, NPI, PPIPA, PCI, SCCIPA
PREMIUM	**$0**	**$2.70**	**$0 + $12 Part B Rebate**
Maximum Out-of-Pocket Limit	$9,250	$9,850	$295
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per day 1-60	$0 per stay	$0 per day 1-90
	$434 per day 61-90	$0 per stay	$0 per day 1-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$221 per day 21-100	per day 21-50, $200 per day 5	per day 21-50, $200 per day 5
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	20%	$0
Specialist Visit	20%	20%	$0
Lab Services	$0	20%	$0
Diagnostic Radiology (MRI)	$0	20%	$0
X-Rays	20%	20%	$0
Emergency Care	20%	20%	$125
Urgent Care	$0	20%	$0
Durable Medical Equipment	20%	20%	20%
Dialysis	20%	20%	20%
Chemothherapy Part B Drugs	20%	20%	20%
Ground Ambulance	20%	20%	$150
Occupational Therapy	20%	20%	$0
Physical Therapy	$0	20%	$0
PRESCRIPTION DRUGS (PART D)	$500 deductible, $2400 max	$450 deductible, $2400 max	$0 deductible, $2400 max
Preferred Generic	$0	$0	$0
Generic	$0	10%	$6
Preferred Brand	$20	25%	$45
Brand	42%	25%	$90
Specialty	28%	25%	33%
EXTRA BENEFITS:			
Hearing Exam	$0	$0	$0
Hearing Aids	$0	$0	$0
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray
Comprehensive Dental	Yes	Yes	Yes
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	$0	$0	$0
Over the Counter Allowance	Not covered	$0	$0
In-home Support Services	Not covered	$0	$0
World Wide Emergency	$0	$0	$0
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			

2027 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)**	
Plan ID	**H5425-070-0**	**H5425-098-0**	
Plan Website	**scanhealthplan.com**	**scanhealthplan.com**	
Non-Members	888-315-7226	888-315-7226	
Members	800-559-3500	800-559-3500	
Star Rating	Coming Soon	Coming Soon	
Contracted Medical Groups (verify with Plan & Provider)	BAC, BT, MCPC, NCPG, OPT	BAC, BT, MCPC, NCPG, OPT	
PREMIUM	**$0**	**$0**	
Maximum Out-of-Pocket Limit	$1,200	$9,850	
INPATIENT (PART A)			
Inpatient Hospitalization	$100 per day 1-5	$0 per day 1-60	
	$0 per day 6-90	$434 per day 61-90	
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	
1-100	$100 per day 21-100	$217 per day 21-100	
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	
Specialist Visit	$0	$0	
Lab Services	$0	$0	
Diagnostic Radiology (MRI)	$100	$0	
X-Rays	$0	20%	
Emergency Care	$125	20%	
Urgent Care	$0	20%	
Durable Medical Equipment	20%	20%	
Dialysis	20%	20%	
Chemothherapy Part B Drugs	20%	20%	
Ground Ambulance	$100	20%	
Occupational Therapy	$0	20%	
Physical Therapy	$0	20%	
PRESCRIPTION DRUGS (PART D)	$450 deductible, $2400 max	$450 deductible, $2400 max	
Preferred Generic	$0	$0	
Generic	$0	$0	
Preferred Brand	$42	$42	
Brand	35%	25%	
Specialty	28%	25%	
EXTRA BENEFITS:			
Hearing Exam	$0	Not covered	
Hearing Aids	$550-$950	Not covered	
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	
Comprehensive Dental	Yes	Yes	
Vision Routine Eye Exam	$0	$0	
Vision Eyewear	$0	$0	
Fitness Benefit	$0	$0	
Transportation	Not covered	Not covered	
Over the Counter Allowance	$0	$0	
In-home Support Services	$0	$0	
World Wide Emergency	$125	20%	
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			

Dual Eligible Health Plan Options 2027

Dual Eligible Special Needs Plan (D-SNP) Basics

- D-SNPs are a type of Medicare Advantage plan available only to dual eligible beneficiaries.
- D-SNPs are contracted with both Medicare and Medi-Cal.
- The goal of the D-SNP model is to improve coordination of Medicare and Medi-Cal benefits.
- D-SNPs provide a unique Care Coordination benefit. *See page 2 for Care Coordination details.*
- You pay $0 for covered services. Some plans charge $0 copay for all covered medications. In some plans, you will pay $1.60 for generics and $4.90 for brand name medications.
- Each plan has a Network of contracted providers and suppliers that you must use.
- You have a Primary Care Doctor who is the gatekeeper for services, making referrals to other providers within the plan Network.

What is a Medi-Medi Plan (MMP)?

- MMP stands for Medicare-Medi-Cal Plan. MMPs are a type of D-SNP with integrated Medicare and Medi-Cal benefits.
- The goal of the MMP model is to provide Medicare and Medi-Cal benefits seamlessly, with fewer access problems for enrollees.
- MMPs *coordinate with a matching Medi-Cal plan through the same company* to manage your Medicare and Medi-Cal benefits.
- You have two plan cards, but all benefits are coordinated through the same company, with one phone number for all benefits.

Important Considerations

- **Are your doctors in the plan network?** Call your doctors to ask what plans they take. Call the plans, or visit their website, to find out if your doctors are in the network.
- **Which facilities are in the plan network?** Make sure you know which hospitals your plan uses and where they are located.
- **How much does the plan charge for your medications?** Some D-SNPs charge $0 for covered drugs *(see plan details below)*. You can also compare your drug costs at www.medicare.gov or call each plan.
- **If you travel, what is the preauthorization process for using services outside the plan network?**
- **Are the extra benefits, including care coordination, important to you? *** Call the plans, or view the plan materials online, to get more details about their extra benefits.

When considering plans' "extra" benefits, it is important to know that Medi-Cal already covers:

◉ An eye exam and glasses every two years
◉ Hearing exams and hearing aids with a $1,510 annual cap
◉ Unlimited transportation to medical appointments
◉ Most dental services

If you enroll in a D-SNP plan that provides "extra" benefits that Medi-Cal also covers, you must use the D-SNP plan's network to access those benefits.

Example: If you enroll in a D-SNP plan that includes Delta Dental coverage, you typically must use the Delta Dental network instead of the Medi-Cal Dental network.

Care Coordination Benefit

- Every D-SNP plan has a Care Coordination Benefit that includes: ▪ A **Care Coordinator** who is trained to understand Medicare and Medi-Cal benefits and is assigned to you to help you access your benefits and resolve problems.
    - A **Health Risk Assessment** (HRA) to identify health services you use and Long-Term Services and Supports you need or will potentially need.
    - An **Interdisciplinary Care Team** (ICT) that works together to coordinate your care. Members of the ICT may include a Care Coordinator, Social Worker, Physicians, Nurses, and other Specialists.
    - An **Individualized Care Plan** (ICP) that is created for you by your ICT based upon your health care needs and HRA.

Enhanced Care Management (ECM)*

- Beneficiaries with high needs, or at high risk, may be eligible for **Enhanced Care Management (ECM)**.
- ECM helps with medical and non-medical needs, such as transitioning between care facilities, incorporating family members into your support network, and connecting you with community support benefits.
- ECM focuses on beneficiaries who are:

- Experiencing homelessness
- Frequently in the hospital
- Experiencing a serious mental illness or substance use disorder
- Incarcerated and transitioning to the community
- At risk of nursing home or other institutionalization
- Transitioning from a nursing home to the community

- ECM enrollment can be initiated by your plan, your doctor, or a community organization. To self-refer, call your Medi-Cal plan.

Community Supports*

- Community Supports help with health-related social needs. Call your plan to find out if you qualify.

◉ Housing Transition Services
◉ Transitional Rent (up to six months)
◉ Short-Term Post-Hospital Housing
◉ Medically Supportive Food
◉ Nursing Facility Transition / Diversion
◉ Transitioning from Facility to Home
◉ Sobering Centers
◉ Housing Deposits
◉ Sustaining Housing
◉ Post-Hospital Recuperative Care
◉ Day Habilitation Programs
◉ Respite Services for Caregivers
◉ Personal Care Services
◉ Home Accessibility or Asthma-Related Modifications

***ECM and Community Supports are not unique to D-SNP plans. They are available to all Medi-Cal beneficiaries who are enrolled in a Medi-Cal plan and meet the criteria, regardless of what type of Medicare they have. If you have Original Medicare or a regular (non-D-SNP) Medicare Advantage plan, you can access the benefits through your Medi-Cal plan.**

2027 Dual Special Needs Plans (D-SNP) Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)						
Pg. #	Company Name	Plan Name	Type	Premium	Part B Rebate	Medi-Medi/LIS Premium
?	Anthem Blue Cross	Full Dual Advantage Aligned	HMO D-SNP	$0	No	$0
?	Kaiser Permanente	Dual Complete North P23	HMO D-SNP	$0	No	$0
?	Santa Clara Family Health Plan	DualConnect	HMO D-SNP	$0	No	$0

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2027 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 Full Dual Advantage Aligned (HMO D-SNP)**	**Kaiser Permanente Dual Complete North P23 (HMO D-SNP)**	**SCFHP DualConnect (HMO D-SNP)**
Plan ID	**H4471-010-2**	**H8794-023-0**	**H4045-001-0**
Plan Website	**anthem.com**	**kp.org**	**scfhp.com**
Non-Members	833-668-2238	800-777-1238	877-723-4795
Members	833-824-1393	800-443-0815	877-723-4795
Star Rating	Coming Soon	Coming Soon	Coming Soon
Contracted Medical Groups (verify with Plan & Provider)	BAC, MCPC, NEMS, OPT	KP	CC, MCPC, NEMS, SCVMCPS, SUT / PAMF
PREMIUM	**$0**	**$0**	**$0**
Maximum Out-of-Pocket Limit	$0	$0	$0
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per day 1-60	$0 per day 1-5	$0 per day 1-60
	$0 per day 61-90	$0 per day 6-90	$0 per day 61-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$0 per day 21-100	$0 per day 21-100	$0 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$0	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	$0	$0	$0
Urgent Care	$0	$0	$0
Durable Medical Equipment	$0	$0	$0
Dialysis	$0	$0	$0
Chemothherapy Part B Drugs	$0	$0	$0
Ground Ambulance	$0	$0	$0
Occupational Therapy	$0	$0	$0
Physical Therapy	$0	$0	$0
PRESCRIPTION DRUGS (PART D)	$105 deductible, $2400 max	$700 deductible, $2400 max	$700 deductible, $2400 max
Preferred Generic	$0	$0 - $1.65	$0
Generic	$0	$0 - $1.65	$0
Preferred Brand	$0	$0 - $5	$0 - $5
Brand	$0	$0 - $5	$0 - $5
Specialty	$0	$0 - $5	$0 - $5
EXTRA BENEFITS:			
Hearing Exam	$0	Not covered	Not covered
Hearing Aids	$0	Not covered	Not covered
Preventive Dental	$0: Oral Exam, Cleaning, Fluoride treatment, X-ray	Not covered	Not covered
Comprehensive Dental	Yes	No	No
Vision Routine Eye Exam	$0	$0	$0
Vision Eyewear	$0	$0	$0
Fitness Benefit	$0	$0	$0
Transportation	$0	Not covered	Not covered
Over the Counter Allowance	$0	$0	$0
In-home Support Services	Not covered	Not covered	Not covered
World Wide Emergency	$0	$115	Not covered

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. Low Income Subsidy (LIS/Extra Help) Generic: $0 copay; or $1.65 copay; or $5 copay / Brand: $0 copay; or $5.80 copay; or $14.40 copay

Program of All-Inclusive Care for the Elderly (PACE) Chart 2027

PACE Basics

- PACE stands for Program of All-Inclusive Care for the Elderly.
- PACE is a Medicare and Medi-Cal program that helps people meet their health care needs in their home or community instead of going to a nursing home or other facility.
- PACE is designed for people who:
    - Are 55 years or older,
    - Live in a PACE service area,
    - Are certified by the state as needing a nursing home level of care, and
    - Can safely live in the community at the time of enrollment.
- PACE covers all Medicare- and Medi-Cal-covered services, plus additional services the care team decides are necessary for your health.
- Once enrolled, you receive all health care through the PACE organization. You agree to use their network of doctors, clinics, hospitals, and specialists.
- Services are provided by an Interdisciplinary Care Team (IDT) that coordinates all aspects of your care — medical, behavioral, and social..

PACE Services Include

PACE provides and coordinates **complete medical and social services**, such as:

- Primary and specialty medical care
- Nursing and personal care
- Prescription drugs
- Hospital and emergency services
- Transportation to PACE centers and medical appointments
- Physical, occupational, and speech therapy
- Social services, nutrition counseling, and meals
- Home care and personal assistance
- Medical equipment and supplies
- Adult day health care, recreational, and social activities.

PACE covers **long-term care**, including nursing home services, **if needed**. Once enrolled, you receive all needed care through your PACE team, and you may not need to use other Medicare or Medi-Cal providers outside the program

Important Considerations

- **Service Area:**
  You must live within the PACE organization's approved service area. Each PACE organization serves specific zip codes.
- **Enrollment:**
  You may **enroll at any time of the year**, not just during Medicare's Annual Enrollment Period.
- **Costs:**
  If you have **Medi-Cal and Medicare (Medi-Medi)**, you pay **no monthly premium** for the PACE benefit and usually have **no copays** for care.
  If you have **Medicare only**, you pay the PACE Part D premium and a monthly premium to

cover the long-term care portion of the benefit.
If you have **neither Medicare nor Medi-Cal**, you can still pay privately for PACE services.

- **Access to Care:**
  You agree to receive **all medical and long-term care services** through your PACE organization. Using services outside of PACE requires approval, except in an emergency.
- **Medication Coverage:**
  PACE provides **Part D prescription drug coverage** with **no deductible**. All medications are coordinated through your care team.
- **Emergency Coverage:**
  Emergency and urgent care are covered **anywhere in the United States**

Medicare + Medi-Cal and PACE

- **Plan premiums** for **Medi-Medi beneficiaries** are $0 due to automatic Extra Help and Medi-Cal cost-sharing.
- Medi-Medi beneficiaries have **$0 copay for Hospital and Medical Care**. Providers cannot charge copays to Medi-Medi beneficiaries. This is an illegal practice called "Improper Billing".
- PACE **coordinates all Medicare and Medi-Cal benefits** through a single organization, so beneficiaries do not need to navigate multiple plans.
- Drugs are usually a maximum of $1.60 for generics and $4.90 for brand names due to automatic Extra Help benefits. Call the plan to make sure it covers your drugs before enrolling.
- **Enhanced Care Management (ECM)** and **Community Supports** are included as part of PACE's model of care, so participants already receive equivalent or greater support.

2027 Program of All-Inclusive Care for the Elderly (PACE) Typically Dual Eligible Beneficiaries (qualify for both Medicare & Medi-Cal)						
Pg. #	**Company Name**	**Plan Name**	**Type**	**Premium**	**Part B Rebate**	**Medi-Medi/LIS Premium**
?	**NEMS PACE**	**NEMS PACE**	**PACE**	**$0**	**No**	**$0**
?	**On LOK PACE**	**On LOK PACE**	**PACE**	**$0**	**No**	**$0**
?	**Welbe Health PACE**	**Welbe Health PACE**	**PACE**	**$0**	**No**	**$0**

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2027 Program of All-Inclusive Care for the Elderly (PACE) Plans with Part D Prescription Drug Coverage for Dual Eligible Beneficiaries (typically qualify for both Medicare & Medi-Cal. Rates below are for Full-Scope Medi-Cal.)			
Plan Name	**NEMS PACE**	**On LOK PACE**	**Welbe Health PACE**
Plan ID	coming soon	**H5403**	**H6317**
Plan Website	**nemspace.org**	**onlok.org**	**welbehealth.com**
Non-Members	1-888-981-8909	1-888-886-6565	1-888-402-9690
Members	1-800-508-4578	1-888-886-6565	1-888-402-9690
Star Rating	coming soon	coming soon	coming soon
Contracted Medical Groups (verify with Plan & Provider)	Check with Plan	NCPG, SCVMCPS	SUT / PAMF
PREMIUM	**$0**	**$0**	**$0**
Maximum Out-of-Pocket Limit	$0	$0	$0
INPATIENT (PART A)			
Inpatient Hospitalization	$0 per day 1-5	$0 per day 1-5	$0 per day 1-5
	$0 per day 6-90	$0 per day 6-90	$0 per day 6-90
Skilled Nursing Facility	$0 per day 1-20	$0 per day 1-20	$0 per day 1-20
	$0 per day 21-100	$0 per day 21-100	$0 per day 21-100
OUTPATIENT (PART B)			
Primary Doctor Visit	$0	$0	$0
Specialist Visit	$0	$0	$0
Lab Services	$0	$0	$0
Diagnostic Radiology (MRI)	$0	$0	$0
X-Rays	$0	$0	$0
Emergency Care	$0	$0	$0
Urgent Care	$0	$0	$0
Durable Medical Equipment	$0	$0	$0
Dialysis	$0	$0	$0
Chemothherapy Part B Drugs	$0	$0	$0
Ground Ambulance	$0	$0	$0
Occupational Therapy	$0	$0	$0
Physical Therapy	$0	$0	$0
PRESCRIPTION DRUGS (PART D)			
Preferred Generic	coming soon	coming soon	coming soon
Generic	coming soon	coming soon	coming soon
Preferred Brand	coming soon	coming soon	coming soon
Brand	coming soon	coming soon	coming soon
Specialty	coming soon	coming soon	coming soon
EXTRA BENEFITS:			
Hearing Exam	coming soon	coming soon	coming soon
Hearing Aids	coming soon	coming soon	coming soon
Preventive Dental	coming soon	coming soon	coming soon
Comprehensive Dental	coming soon	coming soon	coming soon
Vision Routine Eye Exam	coming soon	coming soon	coming soon
Vision Eyewear	coming soon	coming soon	coming soon
Fitness Benefit	coming soon	coming soon	coming soon
Transportation	coming soon	coming soon	coming soon
Over the Counter Allowance	coming soon	coming soon	coming soon
In-home Support Services	coming soon	coming soon	coming soon
World Wide Emergency	coming soon	coming soon	coming soon

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. Low Income Subsidy (LIS/Extra Help) Generic: $0 copay; or $1.65 copay; or $5 copay / Brand: $0 copay; or $5.80 copay; or $14.40 copay

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 Plan Finder. This will automatically disenroll you from your current Medicare Advantage Plan effective 12/31/26. 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 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 12/31/26. Make sure to present your new insurance cards to your medical providers and pharmacist when you visit the first time.

This referral list is provided as a convenience to the HICAP client. The HICAP makes no claim as to the listed insurers' financial status, reputation, sales practices or status in the market place. We make no claims on the value of products sold by these companies or that this list is complete. The Health Insurance Counseling and Advocacy Program (HICAP) does not endorse any specific health insurer or other related profit-making enterprise. Any decision related to the selection of an organization or firm listed or the purchase of any products or services sold by these organizations or firms is the responsibility of the client.