

2018 Medicare Advantage Plan Comparison Chart for Alameda County Medicare HMOs

Medicare HMOs are one type of Medicare Advantage (MA) Plans. These plans contract with the Centers for Medicare and Medicaid Services (CMS) to provide all of the necessary benefits covered by Medicare. In exchange, CMS (Medicare) pays the plan a fixed fee per member, per month. This amount varies by region and is also adjusted for the individual member's age, gender and health condition.

To enroll in a Medicare HMO, a person must have both Medicare Parts A & B. The person must also live within the plan's service area.

Medicare HMOs must accept anybody on Medicare, including those who are under age 65 on Medicare through disability, regardless of their health condition. The only exception is that people with end stage renal disease (ESRD) cannot enroll in one. However, if a person develops ESRD *while enrolled* in an HMO, the plan cannot disenroll that individual.

When joining a Medicare HMO, beneficiaries do not give up their Medicare coverage; rather they agree to receive it primarily through the plan's network of providers. A member must choose a Primary Care Physician and receive a referral in order to see a specialist. Medicare will *not* pay for services received outside the plan's network unless it is urgent or emergency care. In those circumstances, the plan should be notified as soon as possible.

The Annual Out of Pocket Maximum listed for each plan applies to all cost-sharing *except plan premiums and prescription drug copays*.

In 2018, six out of the seven Medicare HMO plans in Alameda County include a prescription drug benefit (Medicare Part D). When people join an HMO *without* drug coverage, they are opting out of Part D. They cannot also enroll in a stand-alone prescription drug plan. *Enrolling in a stand-alone Part D plan will automatically trigger disenrollment from the Medicare HMO.*

Medicare HMOs can discontinue coverage if a member spends more than twelve consecutive months outside of the service area. The plan is required to send written notice of its intent to disenroll someone for this reason. A Medicare HMO may not be a good option for someone who travels frequently or for extended periods.

Members have the right to appeal decisions made by the plan. For denials of care, the physician or the member can request an expedited review or a fast track appeal. Contact the plan's Member Services Department or HICAP for more information.

In the fall of 2017, members can enroll, disenroll or change plans during the **Annual Election Period**, from October 15 through December 7. Changes take effect on January 1, 2018. However, this time period does not apply to people who have both Medicare and Medi-Cal or to those with the Low-Income Subsidy (Extra Help) for Part D. These beneficiaries can enroll, disenroll or change plans on monthly basis.

In 2018, members have one more opportunity to make a change: they can leave their HMO and change back to Original Medicare during the **Medicare Advantage Annual Disenrollment Period**, from Jan 1 through February 14. They cannot change to another Medicare Advantage plan. If someone returns to Original Medicare during this period, s/he will have until February 14 to add drug coverage and join a stand-alone Medicare Prescription Drug Plan.

ABOUT THIS CHART

This Comparison Chart is a summary and highlights the areas where the Medicare HMOs may differ in benefits. For preventive care information, please see the back of this chart. Also on the last page is an explanation of the Star Ratings provided by Medicare. *For a Summary of Benefits or more specific information about the plan(s), please contact the company directly.*

The information in this chart applies to the individual plans under Medicare only. Group coverage (i.e. employer-sponsored plans) may be very different and should be evaluated and compared to the individual plans. Converting an employer group plan from primary to secondary coverage when retiring and going on Medicare may offer different benefits and premiums. This chart is also available at www.lashicap.org/hicap.

Information provided by the
Health Insurance Counseling and Advocacy Program (HICAP)
of Legal Assistance for Seniors: 510-839-0393
HICAP Statewide: 1-800-434-0222

2018 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for more information or call 1-800-Medicare</i>	Health Net 1-877-840-2214 (Sales & Marketing); 1-800-275-4737 (Member Services) www.healthnet.com							
Plan Name	Healthy Heart (H0562-068)				Ruby Select (H0562-113)			
Star Rating	★★★1/2				★★★1/2			
Annual OOP Max	\$3,400				\$6,700			
Monthly Premium	\$157				\$69			
Doctor Visit Co-Payment	\$5 for Primary Care Physician; \$10 for Specialist				\$5 for Primary Care Physician; \$20 for Specialist			
Inpatient Hospital Co-Payment	\$275 per day for days 1-7; \$0 per day for days 8-90				\$345 per day for days 1-5; \$0 per day for days 6 and beyond			
Inpatient Mental Health Co-payment	\$900 per Medicare-covered stay				\$900 per Medicare-covered stay			
Outpatient Surgery Co-payment	\$250 per outpatient hospital visit; \$125 per ambulatory surgical center visit				\$345 per outpatient hospital visit; \$200 per ambulatory surgical center visit			
Skilled Nursing Care Co-Payment	\$0 co-pay for days 1-20; \$75 per day for days 21-100				\$0 co-pay for days 1-20; \$75 per day for days 21-100			
Ambulance	\$75 co-pay per trip				\$250 co-pay per trip			
Emergency & Urgent Care Co-payments	\$100 per emergency room visit; \$10 per urgent care visit; co-pays waived if admitted to hospital within 24 hours; \$50,000 annual limit for ER care outside U.S.				\$80 per emergency room visit; \$25 per urgent care visit; co-pays waived if admitted to hospital within 24 hours; \$50,000 annual limit for ER care outside U.S.			
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology				\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology			
Renal Dialysis	20% of the cost				20% of the cost			
Outpatient Mental Health Visits	\$25 co-pay for individual or group therapy session				\$25 co-pay for individual or group therapy session			
Eyeglasses (or Contact Lenses)	\$0 co-pay for one pair following cataract surgery; (See Optional benefit package below.)				\$0 co-pay for one pair following cataract surgery; \$100 eyewear allowance every 2 years			
Eye Exams	\$10 co-pay per diagnostic exam; \$10 co-pay for 1 routine annual exam				\$25 co-pay per diagnostic exam; \$12 co-pay for 1 routine annual exam			
Hearing Aids	\$0 co-pay for hearing aid; \$2,000 allowance for maximum of 2, every 3 years				\$0 co-pay for hearing aid; \$1,000 allowance for maximum of 2, every 3 years			
Hearing Exams	\$0 co-pay per diagnostic exam; \$0 co-pay for 1 annual routine exam				\$0 co-pay per diagnostic exam; \$0 co-pay for 1 annual routine exam			
Dental	\$0 co-pay per Medicare covered visit (See optional benefit package below.)				\$0 co-pay per Medicare covered visit (See optional benefit package below.)			
Chiropractic	\$10 co-pay per Medicare covered visit (See Optional benefit package below.)				\$10 co-pay per Medicare covered visit (See Optional benefit package below.)			
Podiatry	\$10 co-pay per Medicare-covered visit Routine podiatry not covered				\$25 co-pay per Medicare-covered visit \$25 co-pay/visit for up to 12 routine visits per year			
Prescription Drugs (Outpatient)		30 days pref	30 days stand	90 days mail		30 days pref	30 days stand	90 days mail
	Preferred Generic	\$5	\$10	\$10	Preferred Generic	\$3	\$8	\$6
	Non-Preferred Generic	\$15	\$20	\$30	Non-Preferred Generic	\$10	\$15	\$20
	Preferred Brand	\$37	\$47	\$101	Preferred Brand	\$37	\$47	\$101
	Non-Preferred Brand	\$90	\$100	\$260	Non-Preferred Brand	\$90	\$100	\$260
	Specialty co-insurance	33%	33%	33%	Specialty co-insurance	33%	33%	33%
	\$0 deductible; after total yearly drug costs reach \$3,750, you pay no more than 35% of the plan's cost for brand name drugs and 44% for generic drugs until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$3.35 or 5% for generics and the greater of \$8.35 or 5% for brands.				\$0 deductible; after total yearly drug costs reach \$3,750, you pay no more than 35% of the plan's cost for brand name drugs and 44% for generic drugs until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$3.35 or 5% for generics and the greater of \$8.35 or 5% for brands.			
Other Benefits/Options	Optional supplemental packages at: #1 at \$19/month: Dental HMO network; \$0 co-pay for cleanings, exams, & x-rays; other discounts apply; #2 at \$30/month: Dental PPO Network; \$0 co-pay for cleanings, exams, and x-rays; other discounts apply; \$35 annual deductible; \$1000 annual limit Both Include: acupuncture and chiropractic with \$10 co-pay for 30 combined visits per year; vision with \$0 co-pay for 1 pair eyewear, \$250 allowance every 2 years; Gym Membership with Silver&Fit				Optional supplemental packages at: #3 at \$13/month: Dental HMO network; \$0 co-pay for cleanings, exams, and x-rays; other discounts apply; #4 at \$23/month: Dental PPO Network; \$0 co-pay for cleanings, exams, and x-rays; other discounts apply; \$35 annual deductible; \$1000 annual limit Both Include: acupuncture and chiropractic with \$10 co-pay for 30 combined visits per year; Gym Membership with Silver&Fit			
Notes	Medical Groups: Affinity, Alta Bates and Hill Physicians Hospitals: Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), and Washington (Fremont)				Medical Groups: Affinity and Alta Bates Hospitals: Alameda, Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), and Washington (Fremont)			

2018 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the HMO for more information or call 1-800-Medicare</i>	Health Net 1-877-840-2214 (Sales & Marketing) 1-800-275-4737 (Member Services) www.healthnet.com	Kaiser Permanente 1-800-777-1238 (Sales & Marketing) 1-800-443-0815 (Member Services) www.kp.org/medicare																								
Plan Name	Seniority Plus Green (H0562-045)	Senior Advantage (H0524-032)																								
Star Rating	★★★★1/2	★★★★★																								
Annual OOP Max	\$3,400	\$6,700																								
Monthly Premium	\$139	\$94																								
Doctor Visit Co-Payment	\$10 for Primary Care Physician; \$10 for Specialist	\$35 for Primary Care Physician; \$35 for Specialist																								
Inpatient Hospital Co-Payment	\$275 per day for days 1-7; \$0 per day for days 8 and beyond	\$285 per day for days 1-7; \$0 per day for days 8 and beyond																								
Inpatient Mental Health Co-payment	\$900 per Medicare-covered stay	\$285 per day for days 1-7; \$0 per day for days 8 and beyond																								
Outpatient Surgery Co-payment	\$275 per outpatient hospital visit; \$125 per ambulatory surgical center visit	\$250 per outpatient hospital visit; \$250 per ambulatory surgical center visit																								
Skilled Nursing Care Co-Payment	\$0 co-pay for days 1-100	\$0 per day for days 1-20; \$100 per day for days 21-100																								
Ambulance	\$125 co-pay per trip	\$200 co-pay per trip																								
Emergency & Urgent Care Co-payments	\$100 per emergency room visit; \$10 per urgent care visit; co-pays waived if admitted to hospital within 24 hours; \$50,000 annual limit for ER care outside U.S.	\$80 per emergency room visit; waived if admitted within 24 hours \$35 per urgent care visit; Worldwide coverage																								
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology	\$35 co-pay for lab, diagnostic tests & procedures; \$40 co-pay for x-ray; \$215 co-pay for diagnostic radiology; \$0 for ultrasounds; \$0 for therapeutic radiology																								
Renal Dialysis	20% of the cost	20% of the cost																								
Outpatient Mental Health Visits	\$25 co-pay for individual or group therapy session	\$35 co-pay per individual visit; \$17 per group therapy session																								
Eyeglasses (or Contact Lenses)	\$0 co-pay for one pair following cataract surgery; (See Optional benefit package below.)	\$0 co-pay for eyeglasses or contact lenses; \$40 allowance for eyewear every 2 years; (See optional benefit package below.)																								
Eye Exams	\$10 co-pay per diagnostic exam; \$10 co-pay for 1 routine annual exam	\$35 co-pay per diagnostic exam; \$35 co-pay per routine annual exam																								
Hearing Aids	Not Covered	Not Covered; (See optional benefit package below)																								
Hearing Exams	\$10 co-pay per diagnostic exam; \$10 co-pay for 1 annual routine exam	\$35 co-pay per diagnostic exam \$35 for 1 routine annual exam																								
Dental	\$0 co-pay per Medicare covered visit (See optional benefit package below.)	\$35 co-pay per Medicare covered visit (See optional benefit package below.)																								
Chiropractic	\$10 co-pay per Medicare covered visit (See Optional benefit package below.)	\$35 co-pay per Medicare covered visit																								
Podiatry	\$10 co-pay per Medicare-covered visit; \$10 co-pay for up to 12 routine visits per year	\$35 co-pay per Medicare covered visit; \$35 co-pay for routine foot care for certain medical conditions affecting the lower limbs																								
Prescription Drugs (Outpatient)	THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE. YOU CANNOT BELONG TO THIS PLAN AND ALSO ENROLL IN A STAND-ALONE PRESCRIPTION DRUG PLAN.	<table border="1"> <thead> <tr> <th></th> <th>30 days</th> <th>100 days</th> <th>100 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$6</td> <td>\$18</td> <td>\$12</td> </tr> <tr> <td>Non-Preferred Generic</td> <td>\$18</td> <td>\$54</td> <td>\$36</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$94</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$100</td> <td>\$300</td> <td>\$200</td> </tr> <tr> <td>Specialty co-insurance</td> <td>33%</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <p>\$0 deductible; after total yearly drug costs reach \$3,750, you pay \$6 copay for preferred generic, \$18 for generic and 35% for brand name and specialty drugs until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$5 or 5% for generics & the greater of \$12 or 5% for brands.</p>		30 days	100 days	100 days mail	Preferred Generic	\$6	\$18	\$12	Non-Preferred Generic	\$18	\$54	\$36	Preferred Brand	\$47	\$141	\$94	Non-Preferred Brand	\$100	\$300	\$200	Specialty co-insurance	33%	33%	33%
	30 days	100 days	100 days mail																							
Preferred Generic	\$6	\$18	\$12																							
Non-Preferred Generic	\$18	\$54	\$36																							
Preferred Brand	\$47	\$141	\$94																							
Non-Preferred Brand	\$100	\$300	\$200																							
Specialty co-insurance	33%	33%	33%																							
Other Benefits/Options	Optional supplemental packages at: #1 at \$19/month: dental benefits with \$0 co-pay for exams, cleanings, and x-rays; \$0 copay for non-routine services and \$0-\$15 for diagnostic svcs; other discounts apply; Dental HMO network; \$35/month: dental benefits with \$0 co-pay for cleanings, exams, and x-rays; other discounts apply; \$35 annual deductible; \$1000 annual limit; Dental PPO Network Both Include: acupuncture and chiropractic with \$10 co-pay for 30 combined visits per year; vision with \$0 co-pay for 1 pair eyewear, \$250 allowance every 2 years; Gym Membership with Silver&Fit	Optional benefit package: Advantage Plus at \$20/month -Dental: \$10 co-pay for exams, cleanings and x-rays; other discounts apply; Delta Care USA network -Hearing: \$350 allowance for 2 hearing aids every 3 years -Vision: \$0 co-pay for eyewear with \$240 limit (in addition to \$40 limit above) every two years -Acupuncture: \$35 co-pay per visit (limited uses) -Gym Membership: \$0 annual fee with Silver&Fit																								
Notes	Medical Groups: Affinity, Alta Bates and Hill Physicians Hospitals: Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), and Washington (Fremont)	Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont																								

2018 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the HMO for more information or call 1-800-Medicare</i></p>	<p>Stanford Health Care Advantage 1- 844-205-8422 (Sales & Marketing) 1-855-996-8422 (Member Services) www.stanfordhealthcareadvantage.org</p>							
<p>Plan Name</p>	<p>Gold (H2986-005)</p>				<p>Platinum (H2986-004)</p>			
<p>Star Rating</p>	<p>★★★1/2</p>				<p>★★★1/2</p>			
<p>Annual OOP Max</p>	<p>\$5,900</p>				<p>\$4,900</p>			
<p>Monthly Premium</p>	<p>\$79</p>				<p>\$109</p>			
<p>Doctor Visit Co-Payment</p>	<p>\$10 for Primary Care Physician; \$30 for Specialist</p>				<p>\$10 for Primary Care Physician; \$20 for Specialist</p>			
<p>Inpatient Hospital Co-Payment</p>	<p>\$275 per day for days 1-7; \$0 per day for days 8 and beyond (unlimited)</p>				<p>\$275 per day for days 1-7; \$0 per day for days 8 and beyond (unlimited)</p>			
<p>Inpatient Mental Health Co-payment</p>	<p>\$270 per day for days 1-6; \$0 per day for days 7 and beyond</p>				<p>\$270 per day for days 1-6; \$0 per day for days 7 and beyond</p>			
<p>Outpatient Surgery Co-payment</p>	<p>20% co-insurance</p>				<p>\$240 per outpatient hospital visit and ambulatory surgical center visit</p>			
<p>Skilled Nursing Care Co-Payment</p>	<p>\$0 per day for days 1-20; \$150 per day for days 21-100</p>				<p>\$0 per day for days 1-20; \$100 per day for days 21-100</p>			
<p>Ambulance</p>	<p>\$210 co-pay per trip</p>				<p>\$200 co-pay per trip</p>			
<p>Emergency & Urgent Care Co-payments</p>	<p>\$80 per emergency room visit; \$35 per urgent care visit; co-pays waived if admitted to hospital within 24 hours; emergency coverage in US and territories only.</p>				<p>\$80 per emergency room visit; \$35 per urgent care visit; Co-pays waived if admitted within 24 hours; Worldwide coverage, up to \$10,000 annually</p>			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p>\$10 co-pay for lab services; \$45 co-pay for diagnostic procedures, tests, and x-rays; \$200 co-pay for diagnostic radiology and 20% of cost for therapeutic radiology</p>				<p>\$10 co-pay for lab services; \$25 co-pay for diagnostic procedures, tests, and x-rays; \$200 co-pay for diagnostic radiology and 20% of cost for therapeutic radiology</p>			
<p>Renal Dialysis</p>	<p>20% of the cost</p>				<p>20% of the cost</p>			
<p>Outpatient Mental Health Visits</p>	<p>\$20 co-pay per individual visit; \$30 per group therapy session</p>				<p>\$20 co-pay per individual visit; \$20 per group therapy session</p>			
<p>Eyeglasses (or Contact Lenses)</p>	<p>\$0 copay for Medicare covered pair (after cataract surgery)</p>				<p>\$0 copay for Medicare covered pair (after cataract surgery); \$25 co-pay for eyeglasses or contact lenses with \$150 frame allowance every 2 years;</p>			
<p>Eye Exams</p>	<p>\$10-\$30 co-pay per diagnostic exam; Routine exams not covered</p>				<p>\$25 co-pay per diagnostic exam; \$25 co-pay per routine annual exam</p>			
<p>Hearing Aids</p>	<p>Not Covered</p>				<p>Not Covered</p>			
<p>Hearing Exams</p>	<p>\$0 co-pay per diagnostic exam; \$0 co-pay for 1 annual routine exam</p>				<p>\$0 co-pay per diagnostic exam \$0 for 1 routine annual exam</p>			
<p>Dental</p>	<p>\$30 co-pay per Medicare covered visit; Additional dental not covered</p>				<p>\$20 co-pay per Medicare covered visit (See Dental PPO package below.)</p>			
<p>Chiropractic</p>	<p>\$20 co-pay per Medicare covered visit</p>				<p>\$20 co-pay per Medicare covered visit</p>			
<p>Podiatry</p>	<p>\$30 co-pay per Medicare-covered visit; Routine foot care not covered</p>				<p>\$20 co-pay per Medicare covered visit; Routine foot care not covered</p>			
<p>Prescription Drugs (Outpatient)</p>		30 days	90 days	100 days mail		30 days	90 days	100 days mail
	Preferred Generic	\$5	\$15	\$10	Preferred Generic	\$5	\$15	\$10
	Non-Preferred Generic	\$15	\$45	\$30	Non-Preferred Generic	\$15	\$45	\$30
	Preferred Brand	\$47	\$141	\$94	Preferred Brand	\$47	\$141	\$94
	Non-Preferred Brand	\$100	\$300	\$200	Non-Preferred Brand	\$100	\$300	\$200
	Specialty co-insurance	28%	N/A	N/A	Specialty co-insurance	33%	33%	33%
	<p>\$0 deductible; after total yearly drug costs reach \$3,750, you pay no more than 35% of the plan's cost for brand name drugs and 44% for generic drugs until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$3.35 or 5% for generics & the greater of \$8.35 or 5% for brands.</p>				<p>\$0 deductible; after total yearly drug costs reach \$3,750, you pay no more than 35% of the plan's cost for brand name drugs and 44% for generic drugs until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$3.35 or 5% for generics & the greater of \$8.35 or 5% for brands.</p>			
<p>Other Benefits/Options</p>	<p>Home Assisted Meals: \$0 copay for up to 2 meals per day for 14 days post-discharge</p>				<p>Acupuncture: \$10 co-pay per visit up to 15/year Dental PPO: In-network: \$0 deductible; 90% coverage for diagnostic and preventive svcs; 50% for basic restorative svcs and denture repair; Out-of-network: \$100 deductible; benefits may vary; \$1,000 maximum per year; Delta Dental network Gym Membership: \$0 annual fee for Silver&Fit Home Assisted Meals: \$0 copay for up to 2 meals per day for 14 days post-discharge Vision: \$0 co-pay for eyewear with \$240 limit every two years</p>			
<p>Notes</p>	<p>Medical Groups: Affinity and Stanford Physicians Hospitals: Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford (Palo Alto) St. Rose (Hayward), Summit (Oakland) Stanford Valley Care (Pleasanton and Livermore)</p>				<p>Medical Groups: Affinity and Stanford Physicians Hospitals: Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford (Palo Alto) St. Rose (Hayward), Summit (Oakland) Stanford Valley Care (Pleasanton and Livermore)</p>			

2018 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the HMO for outline of coverage & provider information or call 1-800-Medicare</i></p>	<p align="center">United Health Care 1-877-555-5757 (Sales & Marketing) 1-800-9509355 (Member Services) www.aarpmedicarecomplete.com</p>																											
<p>Plan Name</p>	<p align="center">AARP Medicare Complete (H0543-070)</p>																											
<p>Star Rating</p>	<p align="center">★★★★1/2</p>																											
<p>Annual OOP Max</p>	<p align="center">\$5,900</p>																											
<p>Monthly Premium</p>	<p align="center">\$97</p>																											
<p>Doctor Visit Co-Payment</p>	<p align="center">\$10 for Primary Care Physician; \$15 for Specialist</p>																											
<p>Inpatient Hospital Co-Payment</p>	<p align="center">\$395 per day for days 1-4; \$0 per day for days 5 and beyond</p>																											
<p>Inpatient Mental Health Co-payment</p>	<p align="center">\$395 per day for days 1-4; \$0 per day for days 5-90</p>																											
<p>Outpatient Surgery Co-payment</p>	<p align="center">20% of cost per outpatient hospital visit; 20% of cost per ambulatory surgical center visit</p>																											
<p>Skilled Nursing Care Co-Payment</p>	<p align="center">\$0 co-pay for days 1-20; \$160 for days 21-57; \$0 for 58-100</p>																											
<p>Emergency & Urgent Care Co-payments</p>	<p align="center">\$80 per emergency room visit; \$15-\$40 per urgent care visit; Co-pays waived if admitted to hospital within 24 hours; No limit for ER care outside U.S.</p>																											
<p>Ambulance</p>	<p align="center">\$250 co-pay per trip</p>																											
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p align="center">\$0 co-pay for lab; \$14 co-pay per x-ray; 20% of cost for certain diagnostic tests and procedures; \$95 copay for diagnostic radiology; \$60 for therapeutic radiology</p>																											
<p>Renal Dialysis</p>	<p align="center">20% of cost</p>																											
<p>Outpatient Mental Health Visits</p>	<p align="center">\$40 co-pay for individual therapy session; \$30 co-pay for group therapy session</p>																											
<p>Eyeglasses (or Contact Lenses)</p>	<p align="center">\$0 co-pay for one pair following cataract surgery</p>																											
<p>Eye Exams</p>	<p align="center">\$15 co-pay per diagnostic exam; \$15 co-pay for 1 routine annual exam</p>																											
<p>Hearing Aids</p>	<p align="center">\$330 - \$380 co-pay per aid, up to 2 per year</p>																											
<p>Hearing Exams</p>	<p align="center">\$10 co-pay per diagnostic exam; \$10 co-pay for 1 annual routine exam</p>																											
<p>Dental</p>	<p align="center">\$0 co-pay per Medicare covered visit (See optional benefit packages below.)</p>																											
<p>Chiropractic</p>	<p align="center">\$15 co-pay per Medicare covered visit</p>																											
<p>Podiatry</p>	<p align="center">\$15 co-pay per Medicare-covered visit; \$15 co-pay for up to 6 routine visits per year</p>																											
<p>Prescription Drugs (Outpatient)</p>	<table border="1" data-bbox="415 1720 1060 1951"> <thead> <tr> <th></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$3</td> <td>\$9</td> <td>\$9</td> </tr> <tr> <td>Non-Preferred Generic</td> <td>\$12</td> <td>\$36</td> <td>\$36</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$141</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$100</td> <td>\$300</td> <td>\$300</td> </tr> <tr> <td>Specialty co-insurance</td> <td>26%</td> <td>26%</td> <td>26%</td> </tr> </tbody> </table> <p>\$0 deductible for Tiers 1-2; \$350 for Tiers 3-5; after total yearly drug costs reach \$3,750, you pay no more than 35% of the plan's cost for brand name drugs and 44% for generics until out-of-pocket drug expenses reach \$5,000. After that, you pay the greater of \$3.35 or 5% for generics and the greater of \$8.35 or 5% for brands.</p>					30 days	90 days	90 days mail	Preferred Generic	\$3	\$9	\$9	Non-Preferred Generic	\$12	\$36	\$36	Preferred Brand	\$47	\$141	\$141	Non-Preferred Brand	\$100	\$300	\$300	Specialty co-insurance	26%	26%	26%
	30 days	90 days	90 days mail																									
Preferred Generic	\$3	\$9	\$9																									
Non-Preferred Generic	\$12	\$36	\$36																									
Preferred Brand	\$47	\$141	\$141																									
Non-Preferred Brand	\$100	\$300	\$300																									
Specialty co-insurance	26%	26%	26%																									
<p>Other Benefits/Options</p>	<p>Optional Dental Riders at: \$2.50/month: fixed co-pays for preventive and diagnostic services \$12.50/month: fixed co-pays for preventive and diagnostic services Nursing Hotline 24 hours/day</p>																											
<p>Notes</p>	<p>Medical Groups: Affinity, Alta Bates, Hill Physicians, Palo Alto, Sutter East Bay Hospitals: Alta Bates (Berkeley), Eden (Castro Valley), John Muir (Walnut Creek), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland), and Washington (Fremont)</p>																											

Medicare Coverage for Preventive Care Benefits

To help people with Medicare stay healthy, Medicare covers certain screening tests, supplies, and teaching services. People with Original Medicare can receive most of these preventive benefits without having to pay coinsurance or the Part B deductible (\$183 in 2017). Medicare Advantage plans also cannot charge cost sharing (meaning no deductible, no copayment or coinsurance) for most in-network preventive benefits. These preventive benefits available at no cost include:

- Abdominal Aortic Aneurysm Screening: one per lifetime
- Alcohol Misuse Screening and Counseling: one screening per year and up to 4 counseling sessions per year
- Annual Wellness Visit: one per year
- Bone Mass Measurement: one every 2 years
- Breast Cancer Screening: one per year
- Cardiovascular (Heart Disease) Screening and Therapy: one screening every 5 years and one counseling session (with primary care physician) per year
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam): one every 2 years or one a year if at high risk
- Colorectal Cancer Screening: frequency varies by type of test
- Depression Screening: one per year
- Diabetes Screening: 2 per year if at risk
- Flu Shot: one per year
- Hepatitis B Shots: as needed depending on health status
- HIV Screening: one per year
- Medical Nutrition Therapy: as needed depending on health status
- Obesity Screening and Counseling: one screening per year and up to 22 counseling sessions per year
- Pneumococcal Shots: one per lifetime
- Prostate Cancer Screening: one per year for age 50 and over
- Sexually Transmitted infections (STI) Screening & Counseling: one screening per year and 2 counseling sessions (with primary care physician) per year
- Tobacco-use Cessation Counseling (if not diagnosed with related illness): up to 8 sessions per year
- “Welcome to Medicare” Exam: one in the year following enrollment into Part B

The following preventive benefits are subject to cost-sharing under Original Medicare (the Part B deductible and 20% co-insurance). Medicare Advantage plans may charge for these services:

- Barium Enema Screening: one every 4 years for age 50 and over
- Diabetes Self-Management Training Services: as ordered by doctor
- Glaucoma Screening: one per year if at high risk
- Prostate Cancer Screening (digital rectal exam): one per year for age 50 and over
- Tobacco-use Cessation Counseling (if diagnosed with related illness): up to 8 sessions per year

For more information on Medicare coverage of preventive care, you can refer to the Medicare and You 2018 Handbook. Call 1-800-Medicare to request a copy or visit:

<http://www.medicare.gov/medicare-and-you/medicare-and-you.html>

Star Ratings:

This summary rating gives an overall score of the plan's quality and performance on many different topics that fall into 5 categories:

- Staying healthy: screenings, tests, and vaccines. Includes whether members got various screening tests, vaccines, and other check-ups that help them stay healthy.
- Managing chronic (long-term) conditions. Includes how often members with different conditions got certain tests and treatments that help manage their condition.
- Member experience with the health plan. Includes ratings of member satisfaction with the plan.
- Member complaints and changes in the health plan's performance: Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan's performance has improved (if at all) over time.
- Health plan customer service. Includes how well the plan handles member appeals.

This information is gathered from several different sources. In some cases it is based on member surveys, information from clinicians, or information from plans. In other cases, it is based on results from Medicare's regular monitoring activities. (Explanation is from <https://www.medicare.gov/find-a-plan/staticpages/rating/planrating-help.aspx>)