2019 Medicare Advantage Plan Comparison Chart for Alameda County

~ Rev 10/23/18 ~

Medicare Advantage Plans contract with the Centers for Medicare and Medicaid Services (CMS) to provide all the benefits covered by Medicare and some additional benefits. 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 Advantage plan, a person must have both Medicare Parts A & B. The person must also live within the plan's service area.** Medicare Advantage plans must accept anybody on Medicare, including those who are under age 65 on Medicare through disability, regardless of their health condition, *except* for those with end stage renal disease (ESRD). However, if a person develops ESRD *while enrolled* in a Medicare Advantage plan, the plan cannot disenroll that individual.

Medicare Advantage plans 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 Advantage plan 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.

Medicare HMOs are one type of Medicare Advantage (MA) plan. When joining a Medicare HMO, beneficiaries do not give up their Medicare coverage; rather they agree to receive it through the plan's network of providers. A member must choose a Primary Care Physician and receive a referral 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 member should notify the plan as soon as possible.

The cost-sharing for this coverage varies from plan to plan. Premiums, co-payments, and extra benefits can differ. The Annual Out of Pocket Maximum listed for each plan applies to all cost-sharing *except* plan premiums and prescription drug copays. In 2019, ten out of the eleven 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. *Enrolling in a stand-alone Part D plan will automatically trigger disenrollment from the Medicare HMO.*

In the fall of 2018, members can enroll, disenroll or change plans during the **Medicare Annual Enrollment Period, from October 15 through December 7. Changes take effect on January 1, 2019.** In 2019, members have one more opportunity to make a change: they can leave their HMO and change back to Original Medicare during the **Medicare Advantage Open Enrollment Period, from Jan 1 through March 31.** They can enroll in a stand-alone Part D plan or change to another Medicare Advantage plan. This right only applies to those who begin the year enrolled in a Medicare Advantage plan. If someone returns to Original Medicare during this period, s/he will have through March 31 to join a stand-alone Medicare Prescription Drug Plan. There are no corresponding guarantee issue rights to join a Medigap plan without a health screening although people can apply for a Medigap at any time.

Medicare Special Needs Plans are another type of Medicare Advantage plan. They are designed for people on Medicare and Medi-Cal (duals), those with certain chronic conditions, or those who reside in nursing homes.

In 2019, there is one Special Needs plan in Alameda County and it is for people with Medicare and full Medi-Cal (no share of cost): *Kaiser Senior Advantage Medicare Medi-Cal Plan.* There is no premium and co-payments and cost-sharing do not apply. Also, three of the Medicare HMOs act like Special Needs plans for duals in that the premiums and cost-sharing are waived for people with Medicare and full Medi-Cal: *Health Net Seniority Plus Sapphire Premier, Health Net Seniority Plus Sapphire Premier II, and United Health Care Medicare Complete Assure.* California state law prohibits the medical billing of any balances for people with Medicare and full Medi-Cal.

People who have both Medicare and Medi-Cal and those with the Low-Income Subsidy (Extra Help) for Part D can enroll, disenroll or change plans on quarterly basis. The change will become effective the first of the following month, except in the last quarter of the year (October through December), when it becomes effective on January 1.

ABOUT THIS CHART

This Comparison Chart is a summary and highlights the areas where the Medicare Advantage plans 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

ship state health insurance assistance programs NATIONAL NETWORK

LOCAL HELP FOR PEOPLE WITH MEDICARE

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for more information or call 1-800-Medicare	**Health Net** **1-800-977-6738 (Sales & Marketing)** **1-800-275-4737 (Member Services)** www.healthnet.com	
Plan Name	**Health Net Seniority Plus Sapphire Premier (H3561-002) (For Full Duals)***	**Health Net Seniority Plus Sapphire Premier II (H3561-005) (For Full Duals)***
Star Rating	★★★★	★★★★
Annual OOP Max	**$6,700**	**$6,700**
Monthly Premium	**$34.80 ***	**$34.80 ***
Doctor Visit Co-Payment	**$0** for Primary Care Physician; **$0** for Specialist	**$0** for Primary Care Physician; **$0** for Specialist
Inpatient Hospital Co-Payment	**$1,364** deductible for days 1-60; **$341** co-pay/day for days 61-90; **$682** co-pay/day for days 91-150 *	**$1,364** deductible for days 1-60; **$341** co-pay/day for days 61-90; **$682** co-pay/day for days 91-150 *
Inpatient Mental Health Co-payment	**$90** per day for days 1-15; * **$0** per day for days 16-90	**$90** per day for days 1-15; * **$0** per day for days 16-90
Outpatient Surgery Co-payment	**20%** co-insurance per outpatient hospital and ambulatory surgical center visit *	**20%** co-insurance per outpatient hospital and ambulatory surgical center visit *
Skilled Nursing Care Co-Payment	**$0** co-pay for days 1-20; **$170.50** copay/day for days 21-100 *	**$0** co-pay for days 1-20; **$170.50** copay/day for days 21-100 *
Ambulance	**20%** co-insurance per trip *	**20%** co-insurance per trip *
Emergency & Urgent Care Co-payments	**$0** per emergency room visit; **20%** co-insurance (up to **$65**) per urgent care visit; * Co-pays waived if admitted to hospital within 24 hours; **$50,000** annual limit for ER care outside U.S.	**$0** per emergency room visit; **20%** co-insurance (up to **$65**) 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 services; **20%** co-insurance for diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology *	**$0** co-pay for lab services; **20%** co-insurance for diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology *
Renal Dialysis	**20%** of the cost *	**20%** of the cost *
Outpatient Mental Health Visits	**20%** co-insurance per individual or group therapy visit *	**20%** co-insurance per individual or group therapy visit *
Eyeglasses (or Contact Lenses)	Up to **$550** allowance toward eyewear, every two years	Up to **$550** allowance toward eyewear, every two years
Eye Exams	**$0** co-pay per diagnostic exam; **$0** co-pay for 1 routine annual exam	**$0** co-pay per diagnostic exam; **$0** co-pay for 1 routine annual exam
Hearing Aids	**$0** co-pay for two hearing aids, every year	**$0** co-pay for two hearing aids, every year
Hearing Exams	**$0** co-pay for one routine annual exam	**$0** co-pay for one routine annual exam
Dental	**20%** co-insurance per Medicare-covered visit; * **$0** co-pay for preventive services (exams, cleanings, fluoride treatments, and x-rays); discounts apply to comprehensive services	**20%** co-insurance per Medicare-covered visit; * Routine dental not covered
Chiropractic	**$0** co-pay per Medicare-covered visit; **$0** co-pay for up to 30 routine visits per year, combined with acupuncture visits	**$0** co-pay per Medicare-covered visit; **$0** co-pay for up to 30 routine visits per year, combined with acupuncture visits
Podiatry	**$0** co-pay per Medicare-covered visit; **$0** co-pay for up to 12 routine visits per year	**$0** co-pay per Medicare-covered visit; **$0** co-pay for up to 12 routine visits per year
Prescription Drugs (Outpatient)	<table><tr><th></th><th>30 days</th><th>90 days</th><th>90 days mail</th></tr><tr><td>Preferred Generic</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Non-Preferred Generic</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Preferred Brand</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Non-Preferred Brand</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Specialty co-insurance</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr></table>**$415** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generics until out-of-pocket drug expenses reach **$5,100.** * After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.	<table><tr><th></th><th>30 days</th><th>90 days</th><th>90 days mail</th></tr><tr><td>Preferred Generic</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Non-Preferred Generic</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Preferred Brand</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Non-Preferred Brand</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr><tr><td>Specialty co-insurance</td><td>**25%**</td><td>**25%**</td><td>**25%**</td></tr></table>**$415** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generics until out-of-pocket drug expenses reach **$5,100. *** After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.
Other Benefits/Options	**$0** co-pay for fitness program 24-hour Nurse Advice Line with **$0** copay **$55** allowance for Over-the-Counter items per quarter via mail order Transportation: **$0** co-pay for up to 40 one-way trips per year to plan-approved locations	**$0** co-pay for fitness program; 24-hour Nurse Advice Line with **$0** copay; **$55** allowance for OTC items per quarter, via mail order; Transportation: **$0** co-pay for up to 40 one-way trips per year to plan-approved locations **$0** co-pay for home-delivered meals (up to 2/day for 14 days) following a hospital or skilled nursing facility stay and ordered by a doctor
Notes	***Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.*** **Medical Groups:** Affinity, Brown & Toland Physicians East Bay **Hospitals**: Alameda, Alta Bates (Berkeley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland)	***Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.*** **Medical Groups:** Affinity, Brown & Toland Physicians East Bay **Hospitals**: Alameda, Alta Bates (Berkeley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland)

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for more information or call 1-800-Medicare	**Health Net** **1-800-977-6738 (Sales & Marketing)** **1-800-275-4737 (Member Services)** www.healthnet.com	
Plan Name	**Ruby Select (H0562-113)**	**Ruby Select II (H0562-116)**
Star Rating	★★★★	★★★★
Annual OOP Max	**$5,200**	**$5,900**
Monthly Premium	**$69**	**$59**
Doctor Visit Co-Payment	**$5** for Primary Care Physician; **$20** for Specialist	**$0** for Primary Care Physician; **$15** for Specialist
Inpatient Hospital Co-Payment	**$345** per day for days 1-5; **$0** per day for days 6 and beyond	**$275** per day for days 1-7; **$0** per day for days 8 and beyond
Inpatient Mental Health Co-payment	**$900** per Medicare-covered stay	**$900** per Medicare-covered stay
Outpatient Surgery Co-payment	**$345** per outpatient hospital visit; **$200** per ambulatory surgical center visit	**$250** 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	**$250** co-pay per trip	**$180** co-pay per trip
Emergency & Urgent Care Co-payments	**$90** per emergency room visit; **$20** per urgent care visit; co-pays waived if admitted to hospital within 24 hours; **$50,000** annual limit for ER care outside U.S.	**$90** per emergency room visit; **$15** 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, x-rays, and diagnostic radiology; **$60** co-pay for therapeutic radiology	**$0** co-pay for lab, diagnostic procedures, tests, x-rays, and diagnostic radiology; **$60** co-pay 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	**$25** co-pay for individual or group therapy session
Eyeglasses (or Contact Lenses)	**$0** co-pay for one pair following cataract surgery; **$250** eyewear allowance every 2 years	**$0** co-pay for one pair following cataract surgery; **$250** eyewear allowance every 2 years
Eye Exams	**$25** co-pay per diagnostic exam; **$12** co-pay for one annual routine exam	**$25** co-pay per diagnostic exam; **$12** co-pay for 1 annual routine exam
Hearing Aids	**$0** co-pay for hearing aid; **$0-$1,580 co-pay** allowance for two aids, every year	**$0** co-pay for hearing aid; **$0-$1,580** allowance for two aids, every year
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	**$25** co-pay per Medicare-covered visit **$25** co-pay/visit for up to 12 routine visits per year	**$25** co-pay per Medicare-covered visit **$25** co-pay/visit for up to 12 routine visits per year
Prescription Drugs (Outpatient)	<table><tr><th></th><th>30 days pref</th><th>30 days stand</th><th>90 days mail</th></tr><tr><td>Preferred Generic</td><td>**$3**</td><td>**$8**</td><td>**$6**</td></tr><tr><td>Non-Preferred Generic</td><td>**$10**</td><td>**$15**</td><td>**$20**</td></tr><tr><td>Preferred Brand</td><td>**$37**</td><td>**$47**</td><td>**$101**</td></tr><tr><td>Non-Preferred Brand</td><td>**$90**</td><td>**$100**</td><td>**$260**</td></tr><tr><td>Specialty co-insurance</td><td>**33%**</td><td>**33%**</td><td>**N/A**</td></tr></table>**$0** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generic drugs until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.	<table><tr><th></th><th>30 days pref</th><th>30 days stand</th><th>90 days mail</th></tr><tr><td>Preferred Generic</td><td>**$3**</td><td>**$8**</td><td>**$6**</td></tr><tr><td>Non-Preferred Generic</td><td>**$10**</td><td>**$15**</td><td>**$20**</td></tr><tr><td>Preferred Brand</td><td>**$37**</td><td>**$47**</td><td>**$101**</td></tr><tr><td>Non-Preferred Brand</td><td>**$90**</td><td>**$100**</td><td>**$260**</td></tr><tr><td>Specialty co-insurance</td><td>**33%**</td><td>**33%**</td><td>**N/A**</td></tr></table>**$0** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generic drugs until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.
Other Benefits/Options	24-hour Nurse Advice Line with **$0** copay **Optional supplemental packages at:** **#3** at **$14/month:** dental benefits with **$0** co-pay for cleanings, exams, and x-rays; other discounts apply; Dental HMO network **#4** at **$25/month: $0** dental benefits with **$0** co-pay for preventive and diagnostic services; 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; Gym Membership with Silver&Fit with **$0** co-pay	24-hour Nurse Advice Line with **$0** copay **Optional supplemental packages at:** **#5** at **$11/month:** dental benefits with **$0** co-pay for cleanings, exams, & x-rays; other discounts apply; Dental HMO network **#11** at **$21/month: $0** dental benefits with **$0** co-pay for preventive and diagnostic services; 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 Membership with Silver&Fit with **$0** co-pay
Notes	**Medical Groups:** Affinity and Brown & Toland Physicians East Bay **Hospitals**: Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland), Washington (Fremont)	**Medical Groups:** Brown & Toland Physicians East Bay **Hospitals**: Alameda, Alta Bates (Berkeley), San Leandro, Summit (Oakland), Stanford Valley Care (Pleasanton and Livermore)

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for more information or call 1-800-Medicare	**Health Net** **1-800-977-6738 (Sales & Marketing)** **1-800-275-4737 (Member Services)** www.healthnet.com	
Plan Name	**Healthy Heart (H0562-068)**	**Seniority Plus Green (H0562-045)**
Star Rating	★★★★	★★★★
Annual OOP Max	**$3,400**	**$3,400**
Monthly Premium	**$124**	**$139**
Doctor Visit Co-Payment	**$5** for Primary Care Physician; **$10** for Specialist	**$10** for Primary Care Physician; **$10** for Specialist
Inpatient Hospital Co-Payment	**$275** per day for days 1-7; **$0** per day for days 8-90	**$275** per day for days 1-7; **$0** per day for days 8 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	**$275** per outpatient hospital visit; **$125** per ambulatory surgical center visit
Skilled Nursing Care Co-Payment	**$0** co-pay for days 1-20; **$170** per day for days 21-100	**$0** co-pay for days 1-100
Ambulance	**$75** co-pay per trip	**$125** co-pay per trip
Emergency & Urgent Care Co-payments	**$120** 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.	**$120** 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.
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)	**$10** co-pay for one pair following cataract surgery; (See Optional benefit package below.)	**$10** co-pay for one pair following cataract surgery; (See Optional benefit package below.)
Eye Exams	**$10** co-pay per diagnostic exam; **$10** co-pay for 1 annual routine exam	**$10** co-pay per diagnostic exam; **$10** co-pay for 1 annual routine exam
Hearing Aids	**$0 - $995** co-pay each aid for maximum of 2 every year	Not Covered
Hearing Exams	**$0** co-pay per diagnostic exam; **$0** co-pay for 1 annual routine exam	**$10** co-pay per diagnostic exam; **$10** 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 foot care not covered	**$10** co-pay per Medicare-covered visit; **$10** co-pay for up to 12 routine visits per year
Prescription Drugs (Outpatient)	30 days pref / 30 days stand / 90 days mail Preferred Generic: **$5** / **$10** / **$10** Non-Preferred Generic: **$15** / **$20** / **$30** Preferred Brand: **$37** / **$47** / **$101** Non-Preferred Brand: **$90** / **$100** / **$260** Specialty co-insurance: **28%** / **28%** / **N/A** **$250** deductible (does not apply to Tiers 1,2, and 6); **after total yearly drug costs reach $3,820**, you pay **25%** of the plan's cost for brand names and **37%** for generics until out-of-pocket expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.	**THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE.** **YOU CANNOT BELONG TO THIS PLAN AND ALSO ENROLL IN A STAND-ALONE MEDICARE PRESCRIPTION DRUG PLAN.**
Other Benefits/Options	24-hour Nurse Advice Line with **$0** copay **Optional supplemental packages at:** **#1 at $20/month:** dental benefits with **$0** co-pay for exams, cleanings, x-rays, and non-routine services; other discounts apply; Dental HMO network; **#2 at $30/month:** same dental as above with additional discounts; **$35** annual deductible; **$1000** annual limit; Dental HMO Network; **Both Include:** acupuncture and chiropractic with **$10** co-pay for 30 combined visits per year; **$250** vision allowance every 2 years; free gym membership with Silver&Fit	24-hour Nurse Advice Line with **$0** copay **Optional supplemental packages at:** **#1 at $20/month:** dental benefits with **$0** co-pay for exams, cleanings, x-rays, and non-routine services; other discounts apply; Dental HMO network; **#2 at $30/month:** same dental as above with additional discounts; **$35** annual deductible; **$1000** annual limit; Dental PPO Network; **Both Include:** acupuncture and chiropractic with **$10** co-pay for 30 combined visits per year; **$250** vision allowance every 2 years; free gym membership with Silver&Fit
Notes	**Medical Groups:** Affinity, Brown & Toland, Hill Physicians, Palo Alto Med Foundation, Sutter East Bay, Washington Township Med Foundation **Hospitals:** Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland), and Washington (Fremont)	**Medical Groups:** Affinity, Brown & Toland, Hill Physicians, Palo Alto Med Foundation, Sutter East Bay, Washington Township Med Foundation **Hospitals:** Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland), and Washington (Fremont)

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for more information or call 1-800-Medicare	**Kaiser Permanente** **1-800-777-1238 (Sales & Marketing)** **1-800-443-0815 (Member Services)** www.medicare.kaiserpermanente.org	
Plan Name	**Senior Advantage (H0524-032)**	**Kaiser Medicare Medi-Cal Special Needs Plan (H0524-030) (For Full Duals) ***
Star Rating	★★★★★	★★★★★
Annual OOP Max	**$6,700**	**$3,400**
Monthly Premium	**$94**	**$0**
Doctor Visit Co-Payment	**$30** for Primary Care Physician; **$35** for Specialist	**$0** for Primary Care Physician; **$0** for Specialist
Inpatient Hospital Co-Payment	**$285** per day for days 1-7; **$0** per day for days 8 and beyond	**$0** per day; Unlimited days each benefit period
Inpatient Mental Health Co-payment	**$230** per day for days 1-7; **$0** per day for days 8 and beyond	**$0** per day; 190 lifetime days
Outpatient Surgery Co-payment	**$250** per outpatient hospital visit; **$250** per ambulatory surgical center visit	**$0** per outpatient hospital visit; **$0** per ambulatory surgical center visit
Skilled Nursing Care Co-Payment	**$0** per day for days 1-20; **$100** per day for days 21-100	**$0** per day; 100 days per benefit period
Ambulance	**$200** co-pay per trip	
Emergency & Urgent Care Co-payments	**$90** per emergency room visit; waived if admitted within 24 hours **$30** per urgent care visit; Worldwide coverage	**$0** copay per visit; Worldwide coverage
Lab Tests, Procedures, and Radiation Therapy	**$30** co-pay for lab, diagnostic tests & procedures; **$35** co-pay for x-ray; **$215** co-pay for diagnostic radiology; **$0** for therapeutic radiology	**$0** copay per service
Renal Dialysis	**0%** co-pay per service	**$0** co-pay per service
Outpatient Mental Health Visits	**$30** co-pay per individual visit; **$15** per group therapy session	**$0** copay per individual or group therapy session
Eyeglasses (or Contact Lenses)	**$0** co-pay for eyeglasses or contact lenses after cataract surgery; **$40** allowance for eyewear every 2 years; (See optional benefit package below.)	**$0** co-pay for eyeglasses or contact lenses after cataract surgery; **$300** allowance for eyewear every year
Eye Exams	**$30** co-pay per optometrist visit**;** **$35** co-pay per ophthalmologist visit	**$0** copay per diagnostic exam; **$0** copay for 1 annual routine exam
Hearing Aids	Not Covered; (See optional benefit package below)	Not Covered
Hearing Exams	**$30** co-pay per diagnostic exam **$35** for 1 routine annual exam	**$0** co-pay per diagnostic exam **$0** for 1 routine annual exam
Dental	Not Covered; (See optional benefit package below.)	
Chiropractic	**$35** co-pay per Medicare covered visit; Routine care not covered	**$0** co-pay per Medicare covered visit; Routine care not covered
Podiatry	**$35** co-pay per Medicare covered visit; Routine foot care not covered	**$0** co-pay per Medicare covered visit; Routine foot care not covered
Prescription Drugs (Outpatient)	<table><tr><th></th><th>30 days</th><th>100 days</th><th>100 days mail</th></tr><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></table>**$0** deductible; **after total yearly drug costs reach $3,820**, you pay **$6** copay for preferred generic, **$18** for generic and **25%** for brand name and specialty drugs until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$5** or **5%** for generics & the greater of **$12** or **5%** for brands.	Depending on your income, you pay the following: **Generic: $0, $1.20, or $3.40** **All Other Drugs: $0, $3.70, or $8.50** After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach **$5,100**, you pay **$0** copay.
Other Benefits/Options	24-hour Nurse Advice Line with **$0** copay Acupuncture: **$35** co-pay per visit (limited uses) **Optional benefit package: Advantage Plus** at **$20/month** **-Dental:** Copays vary depending upon the service; Delta Care USA network **-Hearing: $350** allowance for 2 aids every 3 years **-Vision: $0** co-pay for eyewear with **$240** limit (in addition to **$40** limit above) every two years **-Gym Membership: $0** annual fee with Silver&Fit	24-hour Nurse Advice Line with **$0** copay ***For People with Medicare and Full Medi-Cal)**
Notes	**Medical Groups:** Kaiser Permanente **Hospitals:** Kaiser Oakland, San Leandro, Fremont	**Medical Groups:** Kaiser Permanente **Hospitals:** Kaiser Oakland, San Leandro, Fremont

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for more information or call 1-800-Medicare	**Stanford Health Care Advantage** **1- 844-205-8422 (Sales & Marketing)** **1-855-996-8422 (Member Services)** www.stanfordhealthcareadvantage.org	
Plan Name	**Gold (H2986-005)**	**Platinum (H2986-004)**
Star Rating	★★★	★★★
Annual OOP Max	**$5,900**	**$4,900**
Monthly Premium	**$69**	**$99**
Doctor Visit Co-Payment	**$10** for Primary Care Physician; **$30** for Specialist	**$10** for Primary Care Physician; **$20** for Specialist
Inpatient Hospital Co-Payment	**$275** per day for days 1-7; **$0** per day for days 8 and beyond (unlimited)	**$275** per day for days 1-7; **$0** per day for days 8 and beyond (unlimited)
Inpatient Mental Health Co-payment	**$270** per day for days 1-6; **$0** per day for days 7 and beyond	**$270** per day for days 1-6; **$0** per day for days 7 and beyond
Outpatient Surgery Co-payment	**20%** co-insurance	**$240** per outpatient hospital visit and ambulatory surgical center visit
Skilled Nursing Care Co-Payment	**$0** per day for days 1-20; **$150** per day for days 21-100	**$0** per day for days 1-20; **$100** per day for days 21-100
Ambulance	**$210** co-pay per trip	**$200** co-pay per trip
Emergency & Urgent Care Co-payments	**$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.	**$80** per emergency room visit; **$35** per urgent care visit; Co-pays waived if admitted within 24 hours; Worldwide coverage, up to **$10,000** lifetime
Lab Tests, Procedures, and Radiation Therapy	**$10** co-pay for lab services; **$45** co-pay for diagnostic procedures, tests, and x-rays; **$210** co-pay for diagnostic radiology and **20%** of cost for therapeutic radiology	**$10** co-pay for lab services; **$25** co-pay for diagnostic procedures, tests, and x-rays; **$210** co-pay for diagnostic radiology and **20%** of cost for therapeutic radiology
Renal Dialysis	**20%** of the cost	**20%** of the cost
Outpatient Mental Health Visits	**$20** co-pay per individual visit; **$30** per group therapy session	**$20** co-pay per individual visit; **$20** per group therapy session
Eyeglasses (or Contact Lenses)	**$0** copay for one pair following cataract surgery (See optional benefit packages below.)	**$0** copay for one pair following cataract surgery (See optional benefit packages below.)
Eye Exams	**$10-$20** co-pay per diagnostic exam; Routine exams not covered; (See optional benefit packages below.)	**$10-$20** co-pay per diagnostic exam**;** Routine exams not covered; (See optional benefit packages below.)
Hearing Aids	Not Covered	Not Covered
Hearing Exams	**$0** co-pay per diagnostic exam; **$0** co-pay for 1 annual routine exam	**$0** co-pay per diagnostic exam **$0** for 1 routine annual exam
Dental	**$30** co-pay per Medicare covered visit (See optional benefit packages below.)	**$20** co-pay per Medicare covered visit (See optional benefit packages below.)
Chiropractic	**$20** co-pay per Medicare covered visit; Routine care not covered	**$20** co-pay per Medicare covered visit; Routine care not covered
Podiatry	**$30** co-pay per Medicare-covered visit; Routine foot care not covered	**$20** co-pay per Medicare covered visit; Routine foot care not covered
Prescription Drugs (Outpatient)	<table><tr><th></th><th>30 days</th><th>90 days</th><th>100 days mail</th></tr><tr><td>Preferred Generic</td><td>**$5**</td><td>**$15**</td><td>**$10**</td></tr><tr><td>Non-Preferred Generic</td><td>**$15**</td><td>**$45**</td><td>**$30**</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>**28%**</td><td>**N/A**</td><td>**N/A**</td></tr></table>**$0** deductible for Tiers 1 & 2; **$250** deductible for Tiers 3, 4, & 5; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generic drugs until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics & the greater of **$8.50** or **5%** for brands.	<table><tr><th></th><th>30 days</th><th>90 days</th><th>100 days mail</th></tr><tr><td>Preferred Generic</td><td>**$5**</td><td>**$15**</td><td>**$10**</td></tr><tr><td>Non-Preferred Generic</td><td>**$15**</td><td>**$45**</td><td>**$30**</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></table>**$0** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generic drugs until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics & the greater of **$8.50** or **5%** for brands.
Other Benefits/Options	**Optional benefit package** at **$20/month:** -**$25** co-pay for one routine annual vision exam -**$150** allowance for eyewear every two years w/VSP -**$0** co-pay for preventive dental services; **$0-$250** co-pay for general services; **$5-$445** co-pay for major services; Dental HMO with Delta Care USA	**Optional benefit package** at **$20/month:** -**$25** co-pay for one routine annual vision exam -**$150** allowance for eyewear every two years w/VSP -**$0** co-pay for preventive dental services; **$0-$250** co-pay for general services; **$5-$445** co-pay for major services; Dental HMO with Delta Care USA **Acupuncture: $10** co-pay per visit up to **15/year** **Gym Membership: $0** annual fee for Silver&Fit
Notes	**Medical Groups:** Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates **Hospitals:** Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford (Palo Alto) St. Rose (Hayward), Summit (Oakland) Stanford Valley Care (Pleasanton and Livermore)	**Medical Groups:** Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates **Hospitals:** Alameda, Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, Stanford (Palo Alto) St. Rose (Hayward), Summit (Oakland) Stanford Valley Care (Pleasanton and Livermore)

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the HMO for outline of coverage & provider information or call 1-800-Medicare	**United Health Care** **1-877-555-5757 (Sales & Marketing)** **1-800-950-9355 (Member Services)** www.aarpmedicareplans.com	
Plan Name	**AARP Medicare Complete (H0543-070)**	**AARP Medicare Complete Assure (H0543-070) (For Full Duals) ***
Star Rating	★★★★	★★★★
Annual OOP Max	**$5,900**	**$6,700**
Monthly Premium	**$104**	**$18.70 ***
Doctor Visit Co-Payment	**$10** for Primary Care Physician; **$15** for Specialist	**20%** co-insurance for Primary Care Physician; * **20%** co-insurance for Specialist*
Inpatient Hospital Co-Payment	**$395** per day for days 1-4; **$0** per day for days 5 and beyond (unlimited)	**$1,364** deductible for days 1-60; **$341** co-pay/day for days 61-90; **$682** co-pay/day for days 91-150 *
Inpatient Mental Health Co-payment	**$395** per day for days 1-4; **$0** per day for days 5-90	**$1,364** deductible for days 1-60; **$341** co-pay/day for days 61-90; **$682** co-pay/day for days 91-150*
Outpatient Surgery Co-payment	**$370** copay per outpatient hospital visit and ambulatory surgical center visit	**20%** co-insurance per visit *
Skilled Nursing Care Co-Payment	**$0** co-pay for days 1-20; **$160** for days 21-57; **$0** for 58-100	**$0** co-pay for days 1-20; **$170.50** copay/day for days 21-100*
Emergency & Urgent Care Co-payments	**$90** 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.	**$90** per emergency room visit; * **$65** per urgent care visit; * Worldwide coverage
Ambulance	**$250** co-pay per trip	**20%** co-insurance per trip *
Lab Tests, Procedures, and Radiation Therapy	**$0** co-pay for lab, diagnostic tests and procedures; **$14** co-pay per x-ray; **$95** co-pay for diagnostic radiology; **$60** co-pay for therapeutic radiology	**$0** co-pay for lab, diagnostic tests & procedures; **20%** co-insurance for x-rays, diagnostic and therapeutic radiology *
Renal Dialysis	**20%** of cost	**20%** of cost *
Outpatient Mental Health Visits	**$40** co-pay for individual therapy session; **$30** co-pay for group therapy session	**20%** co-insurance for individual or group therapy session *
Eyeglasses (or Contact Lenses)	**$0** co-pay for one pair following cataract surgery	**$0** co-pay for one pair following cataract surgery
Eye Exams	**$15** co-pay per diagnostic exam; **$15** co-pay for 1 routine annual exam	**20%** co-insurance per diagnostic exam; * **$0** co-pay for 1 annual routine exam
Hearing Aids	**$330 - $380** co-pay per aid, up to 2 per year	**$0** co-pay for up to 2 aids per year
Hearing Exams	**$10** co-pay per diagnostic exam; **$10** co-pay for 1 annual routine exam	**20%** co-insurance per diagnostic exam; * **$0** co-pay for 1 annual routine exam
Dental	**$0** co-pay per Medicare covered visit (See optional benefit packages below.)	**20%** co-insurance per Medicare-covered visit; * Routine dental not covered
Chiropractic	**$15** co-pay per Medicare covered visit; Routine care not covered	**20%** co-insurance per Medicare covered visit; * Routine care not covered
Podiatry	**$15** co-pay per Medicare-covered visit; **$15** co-pay/visit for up to 6 routine visits per year	**20%** co-insurance per Medicare covered visit; * **$0** co-pay/visit for up to 4 routine visits per year
Prescription Drugs (Outpatient)	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%** **$0** deductible for Tiers 1-2; **$350** for Tiers 3-5; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generics until out-of-pocket drug expenses reach **$5,100.** After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.	30 days / 90 days / 90 days mail Preferred Generic: **25%** / **25%** / **25%** Non-Preferred Generic: **25%** / **25%** / **25%** Preferred Brand: **25%** / **25%** / **25%** Non-Preferred Brand: **25%** / **25%** / **25%** Specialty co-insurance: **25%** / **25%** / **25%** **$415** deductible; **after total yearly drug costs reach $3,820**, you pay no more than **25%** of the plan's cost for brand name drugs and **37%** for generics until out-of-pocket drug expenses reach **$5,100.** * After that, you pay the greater of **$3.40** or **5%** for generics and the greater of **$8.50** or **5%** for brands.
Other Benefits/Options	24-hour Nurse Advice Line with **$0** co-pay 24-hour Care Manager Advice Line with **$0** co-pay **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	24-hour Nurse Advice Line with **$0** co-pay 24-hour Care Manager Advice Line with **$0** co-pay **$20** credit per quarter for approved Over-the-Counter products ***Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.**
Notes	**Medical Groups:** Affinity, Brown & Toland Physicians East Bay, 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)	**Medical Groups:** Affinity, Brown & Toland Physicians East Bay, Hill Physicians, Palo Alto, Sutter East Bay; **Hospitals:** Alta Bates (Berkeley), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Summit (Oakland), and Washington (Fremont)

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 ($185 in 2019). 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 2019 Handbook. Call 1-800-Medicare to request a copy or visit: https://www.medicare.gov/medicare-and-you

Star Ratings:

This summary rating gives an overall score of the Medicare Advantage plan’s quality and performance on up to 46 unique quality and performance factors 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)