

2019 Medicare Advantage Plan Comparison Chart for Alameda County

~ Rev 1/30/19 ~

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



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	<p align="center">Health Net 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.healthnet.com</p>							
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)		30 days pref	30 days stand	90 days mail		30 days pref	30 days stand	90 days mail
	Preferred Generic	\$3	\$8	\$6	Preferred Generic	\$3	\$8	\$6
	Non-Preferred Generic	\$10	\$15	\$20	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%	N/A	Specialty co-insurance	33%	33%	N/A
	\$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.				\$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

<p><i>Please contact the HMO for more information or call 1-800-Medicare</i></p>	<p align="center">Health Net 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.healthnet.com</p>																												
<p>Plan Name</p>	<p align="center">Healthy Heart (H0562-068)</p>			<p align="center">Seniority Plus Green (H0562-045)</p>																									
<p>Star Rating</p>	<p align="center">★★★★</p>			<p align="center">★★★★</p>																									
<p>Annual OOP Max</p>	<p align="center">\$3,400</p>			<p align="center">\$3,400</p>																									
<p>Monthly Premium</p>	<p align="center">\$124</p>			<p align="center">\$139</p>																									
<p>Doctor Visit Co-Payment</p>	<p align="center">\$5 for Primary Care Physician; \$10 for Specialist</p>			<p align="center">\$10 for Primary Care Physician; \$10 for Specialist</p>																									
<p>Inpatient Hospital Co-Payment</p>	<p align="center">\$275 per day for days 1-7; \$0 per day for days 8-90</p>			<p align="center">\$275 per day for days 1-7; \$0 per day for days 8 and beyond</p>																									
<p>Inpatient Mental Health Co-payment</p>	<p align="center">\$900 per Medicare-covered stay</p>			<p align="center">\$900 per Medicare-covered stay</p>																									
<p>Outpatient Surgery Co-payment</p>	<p align="center">\$250 per outpatient hospital visit; \$125 per ambulatory surgical center visit</p>			<p align="center">\$275 per outpatient hospital visit; \$125 per ambulatory surgical center visit</p>																									
<p>Skilled Nursing Care Co-Payment</p>	<p align="center">\$0 co-pay for days 1-20; \$170 per day for days 21-100</p>			<p align="center">\$0 co-pay for days 1-100</p>																									
<p>Ambulance</p>	<p align="center">\$75 co-pay per trip</p>			<p align="center">\$125 co-pay per trip</p>																									
<p>Emergency & Urgent Care Co-payments</p>	<p align="center">\$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.</p>			<p align="center">\$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.</p>																									
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p align="center">\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology</p>			<p align="center">\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology</p>																									
<p>Renal Dialysis</p>	<p align="center">20% of the cost</p>			<p align="center">20% of the cost</p>																									
<p>Outpatient Mental Health Visits</p>	<p align="center">\$25 co-pay for individual or group therapy session</p>			<p align="center">\$25 co-pay for individual or group therapy session</p>																									
<p>Eyeglasses (or Contact Lenses)</p>	<p align="center">\$10 co-pay for one pair following cataract surgery; (See Optional benefit package below.)</p>			<p align="center">\$10 co-pay for one pair following cataract surgery; (See Optional benefit package below.)</p>																									
<p>Eye Exams</p>	<p align="center">\$10 co-pay per diagnostic exam; \$10 co-pay for 1 annual routine exam</p>			<p align="center">\$10 co-pay per diagnostic exam; \$10 co-pay for 1 annual routine exam</p>																									
<p>Hearing Aids</p>	<p align="center">\$0 - \$995 co-pay each aid for maximum of 2 every year</p>			<p align="center">Not Covered</p>																									
<p>Hearing Exams</p>	<p align="center">\$0 co-pay per diagnostic exam; \$0 co-pay for 1 annual routine exam</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 package below.)</p>			<p align="center">\$0 co-pay per Medicare covered visit (See optional benefit package below.)</p>																									
<p>Chiropractic</p>	<p align="center">\$10 co-pay per Medicare covered visit (See Optional benefit package below.)</p>			<p align="center">\$10 co-pay per Medicare covered visit (See Optional benefit package below.)</p>																									
<p>Podiatry</p>	<p align="center">\$10 co-pay per Medicare-covered visit Routine foot care not covered</p>			<p align="center">\$10 co-pay per Medicare-covered visit; \$10 co-pay for up to 12 routine visits per year</p>																									
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <tr> <td></td> <td>30 days pref</td> <td>30 days stand</td> <td>90 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td>\$5</td> <td>\$10</td> <td>\$10</td> </tr> <tr> <td>Non-Preferred Generic</td> <td>\$15</td> <td>\$20</td> <td>\$30</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>28%</td> <td>28%</td> <td>N/A</td> </tr> </table> <p>\$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.</p>				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	<p align="center">THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE.</p> <p align="center">YOU CANNOT BELONG TO THIS PLAN AND ALSO ENROLL IN A STAND-ALONE MEDICARE PRESCRIPTION DRUG PLAN.</p>	
	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																										
<p>Other Benefits/Options</p>	<p>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</p>			<p>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</p>																									
<p>Notes</p>	<p>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)</p>			<p>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)</p>																									

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	United Health Care 1-877-555-5757 (Sales & Marketing) 1-800-950-9355 (Member Services) www.aarpmedicareplans.com		
Plan Name	Senior Advantage (H0524-032)	AARP Medicare Complete (H0543-070)		
Star Rating	★★★★★	★★★★★		
Annual OOP Max	\$6,700	\$5,900		
Monthly Premium	\$94	\$104		
Doctor Visit Co-Payment	\$30 for Primary Care Physician; \$35 for Specialist	\$10 for Primary Care Physician; \$15 for Specialist		
Inpatient Hospital Co-Payment	\$285 per day for days 1-7; \$0 per day for days 8 and beyond	\$395 per day for days 1-4; \$0 per day for days 5 and beyond (unlimited)		
Inpatient Mental Health Co-payment	\$230 per day for days 1-7; \$0 per day for days 8 and beyond	\$395 per day for days 1-4; \$0 per day for days 5-90		
Outpatient Surgery Co-payment	\$250 per outpatient hospital visit; \$250 per ambulatory surgical center visit	\$370 copay per outpatient hospital visit and ambulatory surgical center visit		
Skilled Nursing Care Co-Payment	\$0 per day for days 1-20; \$100 per day for days 21-100	\$0 co-pay for days 1-20; \$160 for days 21-57; \$0 for 58-100		
Ambulance	\$200 co-pay per trip	\$250 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	\$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.		
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 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		
Renal Dialysis	0% co-pay per service	20% of cost		
Outpatient Mental Health Visits	\$30 co-pay per individual visit; \$15 per group therapy session	\$40 co-pay for individual therapy session; \$30 co-pay for 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 one pair following cataract surgery		
Eye Exams	\$30 co-pay per optometrist visit; \$35 co-pay per ophthalmologist visit	\$15 co-pay per diagnostic exam; \$15 co-pay for 1 routine annual exam		
Hearing Aids	Not Covered; (See optional benefit package below)	\$330 - \$380 co-pay per aid, up to 2 per year		
Hearing Exams	\$30 co-pay per diagnostic exam \$35 for 1 routine annual exam	\$10 co-pay per diagnostic exam; \$10 co-pay for 1 annual routine exam		
Dental	Not Covered; (See optional benefit package below.)	\$0 co-pay per Medicare covered visit (See optional benefit packages below.)		
Chiropractic	\$35 co-pay per Medicare covered visit; Routine care not covered	\$15 co-pay per Medicare covered visit; Routine care not covered		
Podiatry	\$35 co-pay per Medicare covered visit; Routine foot care not covered	\$15 co-pay per Medicare-covered visit; \$15 co-pay/visit for up to 6 routine visits per year		
Prescription Drugs (Outpatient)				
		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%
	\$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.			
	\$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.			
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 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		
Notes	Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont	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)		

2019 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the HMO for more information or call 1-800-Medicare</i></p>	<p align="center">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 align="center">Gold (H2986-005)</p>				<p align="center">Platinum (H2986-004)</p>																																																			
<p>Star Rating</p>	<p align="center">★★★</p>				<p align="center">★★★</p>																																																			
<p>Annual OOP Max</p>	<p align="center">\$5,900</p>				<p align="center">\$4,900</p>																																																			
<p>Monthly Premium</p>	<p align="center">\$69</p>				<p align="center">\$99</p>																																																			
<p>Doctor Visit Co-Payment</p>	<p align="center">\$10 for Primary Care Physician; \$30 for Specialist</p>				<p align="center">\$10 for Primary Care Physician; \$20 for Specialist</p>																																																			
<p>Inpatient Hospital Co-Payment</p>	<p align="center">\$275 per day for days 1-7; \$0 per day for days 8 and beyond (unlimited)</p>				<p align="center">\$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 align="center">\$270 per day for days 1-6; \$0 per day for days 7 and beyond</p>				<p align="center">\$270 per day for days 1-6; \$0 per day for days 7 and beyond</p>																																																			
<p>Outpatient Surgery Co-payment</p>	<p align="center">20% co-insurance</p>				<p align="center">\$240 per outpatient hospital visit and ambulatory surgical center visit</p>																																																			
<p>Skilled Nursing Care Co-Payment</p>	<p align="center">\$0 per day for days 1-20; \$150 per day for days 21-100</p>				<p align="center">\$0 per day for days 1-20; \$100 per day for days 21-100</p>																																																			
<p>Ambulance</p>	<p align="center">\$210 co-pay per trip</p>				<p align="center">\$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 lifetime</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; \$210 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; \$210 co-pay for diagnostic radiology and 20% of cost for therapeutic radiology</p>																																																			
<p>Renal Dialysis</p>	<p align="center">20% of the cost</p>				<p align="center">20% of the cost</p>																																																			
<p>Outpatient Mental Health Visits</p>	<p align="center">\$20 co-pay per individual visit; \$30 per group therapy session</p>				<p align="center">\$20 co-pay per individual visit; \$20 per group therapy session</p>																																																			
<p>Eyeglasses (or Contact Lenses)</p>	<p>\$0 copay for one pair following cataract surgery (See optional benefit packages below.)</p>				<p>\$0 copay for one pair following cataract surgery (See optional benefit packages below.)</p>																																																			
<p>Eye Exams</p>	<p>\$10-\$20 co-pay per diagnostic exam; Routine exams not covered; (See optional benefit packages below.)</p>				<p>\$10-\$20 co-pay per diagnostic exam; Routine exams not covered; (See optional benefit packages below.)</p>																																																			
<p>Hearing Aids</p>	<p align="center">Not Covered</p>				<p align="center">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 (See optional benefit packages below.)</p>				<p>\$20 co-pay per Medicare covered visit (See optional benefit packages below.)</p>																																																			
<p>Chiropractic</p>	<p>\$20 co-pay per Medicare covered visit; Routine care not covered</p>				<p>\$20 co-pay per Medicare covered visit; Routine care not covered</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>	<table border="1"> <thead> <tr> <th></th> <th>30 days</th> <th>90 days</th> <th>100 days mail</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>\$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.</p>					30 days	90 days	100 days mail	Preferred Generic	\$5	\$15	\$10	Non-Preferred Generic	\$15	\$45	\$30	Preferred Brand	\$47	\$141	\$94	Non-Preferred Brand	\$100	\$300	\$200	Specialty co-insurance	28%	N/A	N/A	<table border="1"> <thead> <tr> <th></th> <th>30 days</th> <th>90 days</th> <th>100 days mail</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>\$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.</p>					30 days	90 days	100 days mail	Preferred Generic	\$5	\$15	\$10	Non-Preferred Generic	\$15	\$45	\$30	Preferred Brand	\$47	\$141	\$94	Non-Preferred Brand	\$100	\$300	\$200	Specialty co-insurance	33%	33%	33%
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Specialty co-insurance	33%	33%	33%																																																					
<p>Other Benefits/Options</p>	<p>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</p>				<p>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</p>																																																			
<p>Notes</p>	<p>Medical Groups: Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates</p> <p>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: Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates</p> <p>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>																																																			

2019 MEDICARE ADVANTAGE PLANS FOR DUALS COMPARISON CHART (Alameda County)

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<p>Plan Name</p>	<p>Health Net Seniority Plus Sapphire Premier (H3561-002) (For Full Duals)* <i>*Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.</i></p>		<p>Health Net Seniority Plus Sapphire Premier II (H3561-005) (For Full Duals)* <i>*Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.</i></p>																																																			
<p>Star Rating</p>	<p align="center">★★★★</p>		<p align="center">★★★★</p>																																																			
<p>Annual OOP Max</p>	<p align="center">\$6,700</p>		<p align="center">\$6,700</p>																																																			
<p>Monthly Premium</p>	<p align="center">\$34.80 *</p>		<p align="center">\$34.80 *</p>																																																			
<p>Doctor Visit Co-Payment</p>	<p align="center">\$0 for Primary Care Physician; \$0 for Specialist</p>		<p align="center">\$0 for Primary Care Physician; \$0 for Specialist</p>																																																			
<p>Inpatient Hospital Co-Payment</p>	<p>\$1,364 deductible for days 1-60; \$341 co-pay/day for days 61-90; \$682 co-pay/day for days 91-150 *</p>		<p>\$1,364 deductible for days 1-60; \$341 co-pay/day for days 61-90; \$682 co-pay/day for days 91-150 *</p>																																																			
<p>Inpatient Mental Health Co-payment</p>	<p align="center">\$90 per day for days 1-15; * \$0 per day for days 16-90</p>		<p align="center">\$90 per day for days 1-15; * \$0 per day for days 16-90</p>																																																			
<p>Outpatient Surgery Co-payment</p>	<p align="center">20% co-insurance per outpatient hospital and ambulatory surgical center visit *</p>		<p align="center">20% co-insurance per outpatient hospital and ambulatory surgical center visit *</p>																																																			
<p>Skilled Nursing Care Co-Payment</p>	<p align="center">\$0 co-pay for days 1-20; \$170.50 copay/day for days 21-100 *</p>		<p align="center">\$0 co-pay for days 1-20; \$170.50 copay/day for days 21-100 *</p>																																																			
<p>Ambulance</p>	<p align="center">20% co-insurance per trip *</p>		<p align="center">20% co-insurance per trip *</p>																																																			
<p>Emergency & Urgent Care Co-payments</p>	<p>\$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.</p>		<p>\$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.</p>																																																			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p>\$0 co-pay for lab services; 20% co-insurance for diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology *</p>		<p>\$0 co-pay for lab services; 20% co-insurance for diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology *</p>																																																			
<p>Renal Dialysis</p>	<p align="center">20% of the cost *</p>		<p align="center">20% of the cost *</p>																																																			
<p>Outpatient Mental Health Visits</p>	<p align="center">20% co-insurance per individual or group therapy visit *</p>		<p align="center">20% co-insurance per individual or group therapy visit *</p>																																																			
<p>Eyeglasses (or Contact Lenses)</p>	<p align="center">Up to \$550 allowance toward eyewear, every two years</p>		<p align="center">Up to \$550 allowance toward eyewear, every two years</p>																																																			
<p>Eye Exams</p>	<p align="center">\$0 co-pay per diagnostic exam; \$0 co-pay for 1 routine annual exam</p>		<p align="center">\$0 co-pay per diagnostic exam; \$0 co-pay for 1 routine annual exam</p>																																																			
<p>Hearing Aids</p>	<p align="center">\$0 co-pay for two hearing aids, every year</p>		<p align="center">\$0 co-pay for two hearing aids, every year</p>																																																			
<p>Hearing Exams</p>	<p align="center">\$0 co-pay for one routine annual exam</p>		<p align="center">\$0 co-pay for one routine annual exam</p>																																																			
<p>Dental</p>	<p>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</p>		<p>20% co-insurance per Medicare-covered visit; * Routine dental not covered</p>																																																			
<p>Chiropractic</p>	<p>\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 30 routine visits per year, combined with acupuncture visits</p>		<p>\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 30 routine visits per year, combined with acupuncture visits</p>																																																			
<p>Podiatry</p>	<p>\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 12 routine visits per year</p>		<p>\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 12 routine visits per year</p>																																																			
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <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 align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Non-Preferred Generic</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Non-Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Specialty co-insurance</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> </tbody> </table> <p>\$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.</p>				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%	<table border="1"> <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 align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Non-Preferred Generic</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Non-Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Specialty co-insurance</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> </tbody> </table> <p>\$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.</p>				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%
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Non-Preferred Brand	25%	25%	25%																																																			
Specialty co-insurance	25%	25%	25%																																																			
<p>Other Benefits/Options</p>	<p>\$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</p>		<p>\$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</p>																																																			
<p>Notes</p>	<p>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)</p>		<p>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)</p>																																																			

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<p><i>Please contact the HMO for more information or call 1-800-Medicare</i></p>	<p align="center">United Health Care 1-877-555-5757 (Sales & Marketing) 1-800-950-9355 (Member Services) www.aarpmedicareplans.com</p>	<p align="center">Kaiser Permanente 1-800-777-1238 (Sales & Marketing) 1-800-443-0815 (Member Services) www.medicare.kaiserpermanente.org</p>																								
<p>Plan Name</p>	<p>AARP Medicare Complete Assure (H0543-070) (For Full Duals)* <i>*Premium and cost-sharing is waived for those with Medicare and full Medi-Cal.</i></p>	<p>Kaiser Medicare Medi-Cal Special Needs Plan (H0524-030) (For Full Duals) * *For People with Medicare and Full Medi-Cal)</p>																								
<p>Star Rating</p>	<p align="center">★★★★</p>	<p align="center">★★★★★</p>																								
<p>Annual OOP Max</p>	<p align="center">\$6,700</p>	<p align="center">\$3,400</p>																								
<p>Monthly Premium</p>	<p align="center">\$18.70 *</p>	<p align="center">\$0</p>																								
<p>Doctor Visit Co-Payment</p>	<p>\$20% co-insurance for Primary Care Physician; * 20% co-insurance for Specialist*</p>	<p>\$0 for Primary Care Physician; \$0 for Specialist</p>																								
<p>Inpatient Hospital Co-Payment</p>	<p>\$1,364 deductible for days 1-60; \$341 co-pay/day for days 61-90; \$682 co-pay/day for days 91-150 *</p>	<p>\$0 per day; Unlimited days each benefit period</p>																								
<p>Inpatient Mental Health Co-payment</p>	<p>\$1,364 deductible for days 1-60; \$341 co-pay/day for days 61-90; \$682 co-pay/day for days 91-150*</p>	<p>\$0 per day; 190 lifetime days</p>																								
<p>Outpatient Surgery Co-payment</p>	<p align="center">20% co-insurance per visit *</p>	<p>\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit</p>																								
<p>Skilled Nursing Care Co-Payment</p>	<p>\$0 co-pay for days 1-20; \$170.50 copay/day for days 21-100*</p>	<p>\$0 per day; 100 days per benefit period</p>																								
<p>Ambulance</p>	<p>\$90 per emergency room visit; * \$65 per urgent care visit; * Worldwide coverage</p>	<p align="center">\$0 copay per trip</p>																								
<p>Emergency & Urgent Care Co-payments</p>	<p align="center">20% co-insurance per trip *</p>	<p align="center">\$0 copay per visit; Worldwide coverage</p>																								
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p>\$0 co-pay for lab, diagnostic tests & procedures; 20% co-insurance for x-rays, diagnostic and therapeutic radiology *</p>	<p align="center">\$0 copay per service</p>																								
<p>Renal Dialysis</p>	<p align="center">20% of cost *</p>	<p align="center">\$0 co-pay per service</p>																								
<p>Outpatient Mental Health Visits</p>	<p align="center">20% co-insurance for individual or group therapy session *</p>	<p align="center">\$0 copay per individual or group therapy session</p>																								
<p>Eyeglasses (or Contact Lenses)</p>	<p>\$0 co-pay for one pair following cataract surgery</p>	<p>\$0 co-pay for eyeglasses or contact lenses after cataract surgery; \$300 allowance for eyewear every year</p>																								
<p>Eye Exams</p>	<p>20% co-insurance per diagnostic exam; * \$0 co-pay for 1 annual routine exam</p>	<p>\$0 copay per diagnostic exam; \$0 copay for 1 annual routine exam</p>																								
<p>Hearing Aids</p>	<p>\$0 co-pay for up to 2 aids per year</p>	<p align="center">Not Covered</p>																								
<p>Hearing Exams</p>	<p>20% co-insurance 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>20% co-insurance per Medicare-covered visit; * Routine dental not covered</p>																									
<p>Chiropractic</p>	<p>20% co-insurance per Medicare covered visit; * Routine care not covered</p>	<p>\$0 co-pay per Medicare covered visit; Routine care not covered</p>																								
<p>Podiatry</p>	<p>20% co-insurance per Medicare covered visit; * \$0 co-pay/visit for up to 4 routine visits per year</p>	<p>\$0 co-pay per Medicare covered visit; Routine foot care not covered</p>																								
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <tr> <td></td> <td>30 days</td> <td>90 days</td> <td>90 days mail</td> </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> <p>\$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.</p>		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%	<p>Depending on your income, you pay the following: Generic: \$0, \$1.20, or \$3.40 All Other Drugs: \$0, \$3.70, or \$8.50</p> <p>After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$5,100, you pay \$0 copay.</p>
	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%																							
<p>Other Benefits/Options</p>	<p>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</p>	<p>24-hour Nurse Advice Line with \$0 copay</p>																								
<p>Notes</p>	<p>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)</p>	<p>Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, 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 (\$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>)