

2020 Medicare Advantage Plan Comparison Chart for Alameda County

~ Rev 12/10/19 ~

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 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. The Medicare HMO 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 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 co-pays. In 2020, only one Medicare HMO plan in Alameda County does not include the Medicare Part D prescription drug benefit. 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 Advantage Plan.*

A Medicare PPO is another type of Medicare Advantage (MA) plan. A PPO allows members to seek care outside of the plan's network of providers, however higher out-of-pocket expenses will apply.

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. They all must include Part D prescription drug coverage and they have a responsibility to coordinate benefits and care for their members.

In 2020, there are three Special Needs plan in Alameda County. Two are for people with Medicare and full Medi-Cal (duals, with no share of cost). These are called D-SNPS and they have no premiums or co-payments. The other Special Needs Plan is for people with specific chronic or disabling conditions, such as cardiovascular disorders. It is called a C-SNP and certain cost-sharing applies. In addition, five of the Medicare Advantage Plans *act like* Special Needs plans for duals in that the premiums and cost-sharing are waived for people with Medicare and full Medi-Cal: *Anthem MediBlue Coordination Plus, Health Net Seniority Plus Sapphire Premier, Health Net Seniority Plus Sapphire Premier II, Imperial Traditional Plus, and United Health Care Medicare Complete Assure.* These plans are called "look-alike" D-SNPS. Anyone on Medicare (except for those with ESRD) can join them but those without full Medi-Cal will pay significant cost-sharing expenses. These "look-alike" plans do not have a responsibility to coordinate members' Medicare and Medi-Cal benefits.

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.

In the fall of 2019, Medicare beneficiaries can enroll, disenroll or change plans during the **Medicare Annual Enrollment Period, from October 15 through December 7. Changes take effect on January 1, 2020.** In 2020, members have one more opportunity to make a change: they can leave their MA plan and change back to Original Medicare during the **Medicare Advantage Open Enrollment Period, from Jan 1 through March 31.** This right only applies to those who begin the year enrolled in a Medicare Advantage plan. They can leave their MA plan and enroll in a stand-alone Part D plan or they can change to another 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.

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 benefits covered by Medicare, please see the back of this chart. Also on the last page is an explanation of the Star Ratings provided by Medicare.

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

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Aetna Medicare 800-335-1407 (Sales & Marketing) 833-859-6031 (Customer Service) www.aetnamedicare.com	Imperial Health Plan of California 800-838-5197 (Sales & Marketing) 800-838-8271 (Member Services) www.imperialhealthplan.com						
Plan Name	Aetna Medicare Plus Plan (H4982-005)	Imperial Traditional (H5496-007)						
Star Rating	Plan too new to be rated	Plan too new to be rated						
Annual OOP Max	\$5,200	\$4,000						
Monthly Premium	\$49	\$0						
Doctor Visit Co-Payment	\$0 for Primary Care Physician; \$15 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist						
Inpatient Hospital Co-Payment	\$275 per day for days 1-7; \$0 per day for days 8-90	\$100 co-pay for days 1-5; \$0 co-pay/day for days 6-90; \$670 per day for days 91-150						
Outpatient Surgery Co-payment	\$250 co-pay for ambulatory surgical center visit; \$15-\$250 co-pay for outpatient hospital facility visit	\$0 co-pay per outpatient hospital facility and ambulatory surgical center visit						
Skilled Nursing Care Co-Payment	\$0 for days 1-20; \$75 per day for days 21-100	\$0 for days 1-20; \$164.50 per day for days 21-100						
Ambulance	\$175 copay per air and ground ambulance trip	\$100 copay per one-way trip						
Emergency & Urgent Care Co-payments	\$90 per emergency room visit; \$25 per urgent care visit; \$90 per emergency or urgent care visit worldwide; co-pays waived if admitted to hospital	\$90 per emergency room visit; waived if admitted to hospital within 48 hours; \$0 copay for urgent care						
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab services, diagnostic tests & procedures, and x-rays; \$0-60 co-pay for diagnostic radiology; \$60 co-pay for therapeutic radiology	\$0 co-pay for lab services, diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology						
Renal Dialysis	0-20% co-insurance	20% of the cost						
Outpatient Mental Health Visits	\$25 co-pay per individual or group therapy visit	20% co-insurance per individual or group therapy visit						
Eyewear	\$175 annual reimbursement allowance for eyeglasses or contacts.	\$255 allowance toward eyewear every two years						
Eye Exams	\$0 co-pay (one exam per year)	\$0 co-pay per Medicare-covered vision services; \$15 co-pay for routine eye exams						
Hearing Aids	\$0 co-pay with \$1,250 annual allowance per ear	\$1,250 annual hearing aid allowance						
Hearing Exams	\$0 for annual routine exam; \$15 co-pay for Medicare-covered hearing exam	20% coinsurance for Medicare-covered diagnostic exams and routine hearing exams						
Dental	Annual reimbursement allowance for preventive and comprehensive services up to \$550; No dental network; any dentist allowed	\$0 co-pay per Medicare-covered visit; \$0 co-pay for office visit (exam, cleaning, fluoride treatment and dental x-rays); \$0 co-pay for certain restorative services (prosthodontics, oral/ maxillofacial surgery)						
Chiropractic	\$0 for Medicare covered services; \$0 for routine chiropractic services (unlimited)	\$0 co-pay per Medicare-covered visit; Routine visits not covered						
Podiatry	\$15 co-pay per Medicare-covered visit	\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 6 routine visits per year						
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$0	\$0	\$0
	Generic	\$0	\$0	\$0	Generic	\$5	\$10	\$10
	Preferred Brand	\$47	\$141	\$141	Preferred Brand	\$45	\$90	\$90
	Non-Preferred Brand	\$100	\$300	\$300	Non-Preferred Brand	\$90	\$180	\$180
	Specialty co-insurance	33%	N/A	N/A	Specialty co-insurance	33%	N/A	N/A
		\$0 deductible; after total yearly drug costs reach \$4,020, you pay \$0 for Tier 1 and 2 drugs and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.				\$0 deductible; after total yearly drug costs reach \$4,020, you pay \$0 for generics and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.		
Other Benefits/Options	Acupuncture: \$0 copay for unlimited acupuncture treatments within American Specialty Health network Over the Counter: \$75 every 3 months for items in catalog Wellness: \$0 co-pay for Silver Sneakers membership; \$0 copay for 24-hour Nurse Advice Line				Acupuncture: \$15 co-pay per visit up to 12 routine visits per year Over the Counter: \$35 quarterly allowance for OTC items via mail order Transportation: \$0 co-pay for unlimited round trips to plan approved locations Wellness: \$0 co-pay for Silver&Fit membership;			
Notes	Medical Groups: Brown and Toland Hospitals: Alta Bates/Summit Medical Center (Berkeley/Oakland), Stanford Valley Care (Pleasanton and Livermore), Washington (Fremont)				Medical Groups: Hill Physicians, Imperial Health Holdings Hospitals: Alta Bates/Summit (Berk/Oak) and Eden (Castro Valley) Medical Centers			

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the Plan for more information or call 1-800-Medicare	Anthem Blue Cross 1-888-211-9813 (Sales & Marketing) 1-888-230-7338 (Member Services) www.shop.anthem.com/medicare/ca		Anthem Blue Cross 1-888-211-9813 (Sales & Marketing) 1-888-230-7338 (Member Services) www.shop.anthem.com/medicare/ca					
Plan Name	Anthem MediBlue Plus (H0544-097)		Anthem MediBlue Select (H0544-098)					
Star Rating	★★★★		★★★★					
Annual OOP Max	\$4,400		\$6,700					
Monthly Premium	\$49		\$0					
Doctor Visit Co-Payment	\$0 for Primary Care Physician; \$15 for Specialist		\$15 for Primary Care Physician; \$45 for Specialist					
Inpatient Hospital Co-Payment	\$265 copay for days 1-7; \$0 co-pay/day for days 8-90		\$325 copay for days 1-6; \$0 copay/day for days 7-90					
Outpatient Surgery Co-payment	\$200 per ambulatory surgical center visit; \$265 per outpatient hospital facility visit		\$275 per ambulatory surgical center visit; \$325 per outpatient hospital facility visit					
Skilled Nursing Care Co-Payment	\$0 for days 1-20; \$140 per day for days 21-100		\$0 for days 1-20; \$140 per day for days 21-100					
Ambulance	\$250 copay per ground ambulance trip; 20% coinsurance per air ambulance trip		\$250 copay per ground ambulance trip; 20% coinsurance per air ambulance trip					
Emergency & Urgent Care Co-payments	\$90 per emergency room visit; \$35 per urgent care visit; Co-pays waived if admitted to hospital within 24 hours; \$25,000 annual limit for ER care outside U.S.		\$90 per emergency room visit; \$35 per urgent care visit; Co-pays waived if admitted to hospital within 24 hours; \$25,000 annual limit for ER care outside U.S.					
Lab Tests, Procedures, and Radiation Therapy	\$10 co-pay for lab services; \$0-50 copay for diagnostic tests & procedures; \$10 copay for x-rays; \$150 copay for diagnostic radiology services; 20% coinsurance for therapeutic radiology services		\$10 co-pay for lab services; \$0-75 copay for diagnostic tests & procedures; \$10 copay for x-rays; \$150 copay for diagnostic radiology services; 20% coinsurance for therapeutic radiology services					
Renal Dialysis	20% of the cost		20% of the cost					
Outpatient Mental Health Visits	\$40 copay per individual or group therapy visits		\$40 copay per individual or group therapy visits					
Eyewear	\$100 allowance toward eyewear each year		\$100 allowance toward eyewear each year					
Eye Exams	\$15 co-pay per diagnostic exam; \$0 co-pay for 1 routine annual exam		\$45 co-pay per diagnostic exam; \$0 co-pay for 1 routine annual exam					
Hearing Aids	\$3,000 annual maximum with \$0 co-pay		\$3,000 annual maximum with \$0 co-pay					
Hearing Exams	\$15 co-pay for Medicare-covered hearing exam; \$0 co-pay for 1 routine annual exam		\$45 co-pay for Medicare-covered hearing exam; \$0 co-pay for 1 routine annual exam					
Dental	\$0 co-pay for 1 oral exam and 1 cleaning every year; \$15 co-pay for Medicare covered services		\$0 co-pay for 1 oral exam and 1 cleaning every year; \$45 co-pay for Medicare covered services					
Chiropractic	\$20 co-pay per Medicare-covered visit		\$20 co-pay per Medicare-covered visit					
Podiatry	\$0-15 co-pay for Medicare-covered services; \$0 co-pay for unlimited routine visits each year		\$0-45 co-pay for Medicare-covered services; \$0 co-pay for 24 routine visits each year					
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail
	Preferred Generic	\$0	\$0	N/A	Preferred Generic	\$0	\$0	N/A
	Generic	\$8	\$24	N/A	Generic	\$10	\$20	N/A
	Preferred Brand	\$42	\$126	N/A	Preferred Brand	\$42	\$84	N/A
	Non-Preferred Brand	\$95	\$285	N/A	Non-Preferred Brand	\$95	\$190	N/A
	Specialty co-insurance	33%	33%	N/A	Specialty co-insurance	33%	33%	N/A
		\$0 deductible; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.			\$0 deductible; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.			
Other Benefits/Options	Acupuncture: \$0 co-pay for up to 24 visits per year Over the Counter: \$50 allowance per quarter Wellness: \$0 co-pay for Silver Sneakers fitness membership; \$0 co-pay for 24-hour Nurse Advice Line Optional supplemental packages: #1 - Preventive Dental at \$12 per month: up to \$500/year #2 - Dental & Vision at \$31 per month: up to \$1,000/year for dental and \$150 annual allowance for eyewear #3 - Enhanced Dental & Vision at \$51 per month: up to \$2,000/year for dental and \$200 annual allowance for eyewear			Acupuncture: \$0 co-pay for up to 12 visits per year Over the Counter: \$25 allowance per quarter Wellness: \$0 co-pay for Silver Sneakers fitness membership; \$0 co-pay for 24-hour Nurse Advice Line Optional supplemental packages: #1 - Preventive Dental at \$12 per month: up to \$500/year #2 - Dental & Vision at \$31 per month: up to \$1,000/year for dental and \$150 annual allowance for eyewear #3 - Enhanced Dental & Vision at \$51 per month: up to \$2,000/year for dental and \$200 annual allowance for eyewear				
Notes	Medical Groups: Brown & Toland Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oakland), St. Rose, (Hayward), San Leandro, Stanford Valley Care (Pleasanton & Livermore), Washington (Fremont)			Medical Groups: Brown & Toland Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oakland), St. Rose, (Hayward), San Leandro, Stanford Valley Care (Pleasanton & Livermore), Washington (Fremont)				

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p>Blue Shield of California 1-855-610-6892 (Sales & Marketing) 1-800-776-4466 (Member Services) www.blueshieldca.com/medicare</p>							
<p>Plan Name</p>	<p>Blue Shield Inspire (H0504-041)</p>				<p>Blue Shield Medicare PPO* (H4937-001)</p>			
<p>Star Rating</p>	<p>Plan too new to be rated</p>				<p>Plan too new to be rated</p>			
<p>Annual OOP Max</p>	<p>\$5,000</p>				<p>\$6,700 / \$10,000*</p>			
<p>Monthly Premium</p>	<p>\$65</p>				<p>\$126</p>			
<p>Doctor Visit Co-Payment</p>	<p>\$5 for Primary Care Physician; \$15 for Specialist</p>				<p>\$10 for Primary Care Physician; \$35 for Specialist</p>			
<p>Inpatient Hospital Co-Payment</p>	<p>\$275 per day for days 1-5; \$0 per day for days 6 and over</p>				<p>\$175 copay/day for days 1-7; \$0 copay/day for days 8 and over</p>			
<p>Outpatient Surgery Co-payment</p>	<p>\$200 per ambulatory surgical center visit; \$350 per outpatient hospital facility visit</p>				<p>\$100 per ambulatory surgical center visit; \$250 per outpatient hospital facility visit</p>			
<p>Skilled Nursing Care Co-Payment</p>	<p>\$0 for days 1-20; \$145 per day for days 21-100</p>				<p>\$0 for days 1-20; \$178 per day for days 21-100</p>			
<p>Ambulance</p>	<p>\$250 co-pay per trip</p>				<p>\$300 co-pay per trip</p>			
<p>Emergency & Urgent Care Co-payments</p>	<p>\$80 per emergency room visit; \$15 per urgent care visit; Co-pays waived if admitted to hospital within 24 hours; \$80 copay and \$50,000 annual limit for ER care outside U.S.</p>				<p>\$90 per emergency room visit; \$30 per urgent care visit; Co-pays waived if admitted to hospital within 24 hours; \$90 co-pay and no annual limit for worldwide coverage</p>			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p>\$0 co-pay for lab services, diagnostic tests and procedures, and x-rays; \$70 copay for each diagnostic radiology service; 20% co-insurance for therapeutic radiology services</p>				<p>\$40 co-pay for lab services, diagnostic tests and procedures, and x-rays; \$100 copay for each diagnostic radiology service; 20% co-insurance for therapeutic radiology services</p>			
<p>Renal Dialysis</p>	<p>20% of the cost</p>				<p>20% of the cost</p>			
<p>Outpatient Mental Health Visits</p>	<p>\$30 co-pay per individual or group therapy visits</p>				<p>\$20 co-pay per visit per individual or group therapy visit</p>			
<p>Eyewear</p>	<p>\$20 co-pay for one pair eyeglasses or contact lenses each year</p>				<p>\$0 co-pay for eyeglass frames or contact lenses every two years; \$20 copay for eyeglass lenses each year</p>			
<p>Eye Exams</p>	<p>\$15 co-pay per Medicare-covered exam; \$10 co-pay for one routine annual exam</p>				<p>\$35 co-pay per Medicare-covered visit; \$20 co-pay for one routine annual exam</p>			
<p>Hearing Aids</p>	<p>\$499 - \$799 copay per aid depending on type; limited to 2 aids per year</p>				<p>Not Covered</p>			
<p>Hearing Exams</p>	<p>\$5-15 copay for each Medicare-covered visit; \$0 copay for one routine annual exam</p>				<p>\$0 copay per visit for Medicare-covered exam; \$0 co-pay for one routine annual exam</p>			
<p>Dental</p>	<p>Covered with additional premium (see Other Benefits/Options)</p>				<p>Covered with additional premium (see Other Benefits/Options)</p>			
<p>Chiropractic</p>	<p>\$15 co-pay per Medicare-covered visit</p>				<p>\$20 co-pay per Medicare-covered visit</p>			
<p>Podiatry</p>	<p>\$15 co-pay per Medicare-covered visit; \$1,000 annual allowance for routine foot care</p>				<p>\$35 co-pay per Medicare-covered visit</p>			
<p>Prescription Drugs (Outpatient)</p>	<p><i>Cost-sharing shown is for network pharmacies</i></p>	<p>30 days</p>	<p>90 days</p>	<p>90 days mail</p>	<p><i>Cost-sharing shown is for network pharmacies</i></p>	<p>30 days</p>	<p>90 days</p>	<p>90 days mail</p>
	<p>Preferred Generic</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>Preferred Generic</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>
	<p>Generic</p>	<p>\$12</p>	<p>\$18</p>	<p>\$18</p>	<p>Generic</p>	<p>\$15</p>	<p>\$22.50</p>	<p>\$22.50</p>
	<p>Preferred Brand</p>	<p>\$40</p>	<p>\$100</p>	<p>\$100</p>	<p>Preferred Brand</p>	<p>\$40</p>	<p>\$100</p>	<p>\$100</p>
	<p>Non-Preferred Brand</p>	<p>\$95</p>	<p>\$238</p>	<p>\$238</p>	<p>Non-Preferred Brand</p>	<p>\$95</p>	<p>\$237.50</p>	<p>\$237.50</p>
	<p>Specialty co-insurance</p>	<p>33%</p>	<p>N/A</p>	<p>N/A</p>	<p>Specialty co-insurance</p>	<p>25%</p>	<p>N/A</p>	<p>N/A</p>
	<p>\$0 deductible; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>				<p>\$400 deductible (for Tiers 3, 4, and 5); after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>			
<p>Other Benefits/Options</p>	<p>Wellness: \$0 co-pay for Silver Sneakers fitness membership; \$0 co-pay for 24-hour Nurse Advice Line Optional Supplemental Packages: -Dental HMO at \$11.60 per month: up to \$1,000 each year for preventive and certain other covered services; participating dentists only -Dental PPO at \$37.90 per month: up to \$1,500 for covered preventive and comprehensive dental services with \$50 deductible; all dentists allowed</p>				<p>Wellness: \$0 co-pay for Silver Sneakers membership; \$0 co-pay for 24-hour Nurse Advice Line Optional Supplemental Package: -Dental PPO at \$37.90 per month: up to \$1,500 for covered preventive and comprehensive dental services with \$50 deductible; all dentists allowed</p>			
<p>Notes</p>	<p>Medical Groups: Brown & Toland Hospitals: Eden (Castro Valley), St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Washington (Fremont)</p>				<p>Medical Groups: Brown & Toland Hospitals: Eden (Castro Valley), St. Rose (Hayward), Stanford Valley Care (Pleasanton and Livermore), Washington (Fremont) *Higher cost-sharing amounts and a \$750 annual deductible apply to out-of-network services. A \$10,000 Maximum Out-of-Pocket amount applies to in and out-of-network costs combined. Refer to Plan Summary of Benefits for details.</p>			

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">Health Net of California 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.ca.healthnetadvantage.com</p>																											
<p>Plan Name</p>	<p align="center">Health Net Healthy Heart (H0562-068)</p>		<p align="center">Health Net 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 and beyond</p>		<p align="center">\$275 per day for days 1-7; \$0 per day for days 8 and beyond</p>																									
<p>Outpatient Surgery Co-payment</p>	<p align="center">\$250 per outpatient hospital facility visit; \$125 per ambulatory surgical center visit</p>		<p align="center">\$275 per outpatient hospital facility 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 for days 1-100</p>																									
<p>Ambulance</p>	<p align="center">\$75 co-pay per ground ambulance trip; 5% coinsurance per air ambulance trip</p>		<p align="center">\$125 co-pay per ground ambulance trip; 5% coinsurance per air ambulance trip</p>																									
<p>Emergency & Urgent Care Co-payments</p>	<p align="center">\$120 per ER visit; \$10 per urgent care visit; Co-pays waived if admitted to hospital immediately; \$50,000 annual limit for ER & urgent care outside US</p>		<p align="center">\$120 per ER visit; \$10 per urgent care visit; Co-pays waived if admitted to hospital immediately; \$50,000 annual limit for ER & urgent care outside US</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 services</p>		<p align="center">\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay for diagnostic and therapeutic radiology services</p>																									
<p>Renal Dialysis</p>	<p align="center">20% co-insurance per service</p>		<p align="center">20% co-insurance per service</p>																									
<p>Outpatient Mental Health Visits</p>	<p align="center">\$15 copay per visit for both individual or group therapy session</p>		<p align="center">\$25 co-pay for individual or group therapy session</p>																									
<p>Eyewear</p>	<p align="center">Routine eyewear available for additional premium; See Other Benefits/Options</p>		<p align="center">Routine eyewear available for additional premium; See Other Benefits/Options</p>																									
<p>Eye Exams</p>	<p align="center">\$10 co-pay per Medicare-covered exam; \$10 co-pay for one annual routine exam</p>		<p align="center">\$10 co-pay per Medicare-covered exam; \$10 co-pay for one annual routine exam</p>																									
<p>Hearing Aids</p>	<p align="center">\$0 - \$1,350 co-pay each for up to two hearing aids per year</p>		<p align="center">Not Covered</p>																									
<p>Hearing Exams</p>	<p align="center">\$0 co-pay per Medicare-covered exam; \$0 co-pay for one routine annual exam</p>		<p align="center">\$10 co-pay per Medicare-covered exam; \$10 co-pay for one routine annual 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 care not covered</p>		<p align="center">\$10 co-pay per visit, up to 12 routine visits per year</p>																									
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <tr> <td><i>Cost-sharing shown is for network pharmacies</i></td> <td>30 days</td> <td>30 days</td> <td>90 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td>\$5</td> <td>\$10</td> <td>\$10</td> </tr> <tr> <td>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>\$0 deductible for Tiers 1&2; \$250 deductible (for Tiers 3, 4, & 5); after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	30 days	90 days mail	Preferred Generic	\$5	\$10	\$10	Generic	\$15	\$20	\$30	Preferred Brand	\$37	\$47	\$101	Non-Preferred Brand	\$90	\$100	\$260	Specialty co-insurance	28%	28%	N/A
<i>Cost-sharing shown is for network pharmacies</i>	30 days	30 days	90 days mail																									
Preferred Generic	\$5	\$10	\$10																									
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>\$0 co-pay for Silver&Fit basic membership \$0 co-pay for 24-hour Nurse Advice Line Optional supplemental packages: -Health Net Total Fit Plus at \$20 per month: \$0 co-pay for some preventive dental and varying co-pays for other services; Dental HMO network applies -Health Net Total Fitness FLEX at \$35 per month: \$0 co-pay for some preventive dental and 50% co-ins for other services; \$1,000 annual benefit; any dentist -Both Include: acupuncture and chiropractic at \$10 co-pay per visit, up to 30 combined visits per year; \$250 allowance for eyewear every 2 years</p>		<p>THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE.</p> <p>YOU CANNOT BELONG TO THIS PLAN AND ALSO ENROLL IN A STAND-ALONE MEDICARE PRESCRIPTION DRUG PLAN.</p> <p>\$0 co-pay for Silver&Fit basic membership \$0 co-pay for 24-hour Nurse Advice Line Optional supplemental packages: -Health Net Total Fit Plus at \$20 per month: \$0 co-pay for some preventive dental and varying co-pays for other services; Dental HMO network applies -Health Net Total Fitness FLEX at \$35 per month: \$0 co-pay for some preventive dental and 50% co-ins for other services; \$1,000 annual benefit; any dentist -Both Include: acupuncture and chiropractic at \$10 co-pay per visit, up to 30 combined visits per year; \$250 allowance for eyewear every 2 years</p>																									
<p>Notes</p>	<p>Medical Groups: Affinity, Brown & Toland, Hill Physicians, Palo Alto Medical Foundation, Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berkeley/Oakland), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton/Livermore), and Washington (Fremont)</p>		<p>Medical Groups: Affinity, Brown & Toland, Hill Physicians, Palo Alto Medical Foundation, Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berkeley/Oakland), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton/Livermore), and Washington (Fremont)</p>																									

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Health Net of California 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.ca.healthnetadvantage.com	Kaiser Permanente 1-800-777-1238 (Sales & Marketing) 1-800-443-0815 (Member Services) www.medicare.kaiserpermanente.org			
Plan Name	Health Net Ruby Select (H0562-113)	Kaiser Permanente Senior Advantage (H0524-032)			
Star Rating	★★★★	★★★★★			
Annual OOP Max	\$5,200	\$4,900			
Monthly Premium	\$69	\$92			
Doctor Visit Co-Payment	\$0 for Primary Care Physician; \$15 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	\$240 per day for days 1-7; \$0 per day for days 8 and beyond			
Outpatient Surgery Co-payment	\$250 per outpatient hospital facility visit; \$200 per ambulatory surgical center visit	\$200 per outpatient hospital facility 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 per day for days 1-20; \$100 per day for days 21-100			
Ambulance	\$250 co-pay per ground ambulance trip; 5% coinsurance per air ambulance trip	\$200 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 immediately; \$50,000 annual limit for ER & urgent care outside US	\$90 per emergency room visit; waived if admitted within 24 hours \$10 per urgent care visit; Worldwide coverage			
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab, diagnostic procedures, tests, and x-rays; \$60 co-pay per diagnostic and therapeutic radiology service	\$10 co-pay for lab, diagnostic tests & procedures; \$20 co-pay for x-ray; \$215 co-pay for diagnostic radiology; \$0 for therapeutic radiology			
Renal Dialysis	20% co-insurance per service	20% co-insurance per service			
Outpatient Mental Health Visits	\$10 copay per visit for both individual or group therapy session	\$10 co-pay per individual visit; \$5 per group therapy session			
Eyewear	\$250 allowance for eyeglasses or contact lenses every two years; \$120 allowance for progressive lenses or progressive lens upgrades every two years	\$0 co-pay for eyeglasses or contact lenses after cataract surgery; \$40 allowance for eyewear every 2 years; (See optional benefit package below.)			
Eye Exams	\$25 co-pay per Medicare-covered exam; \$12 co-pay for one annual routine exam	\$10 co-pay per optometrist visit; \$20 co-pay per ophthalmologist visit			
Hearing Aids	\$0 - \$1,580 co-pay each for up to 2 hearing aids per year	Not Covered (See Optional Benefit Package below)			
Hearing Exams	\$0 co-pay per Medicare-covered exam; \$0 co-pay for one routine annual exam	\$10 co-pay per diagnostic exam with PCP \$20 co-pay per specialist visit			
Dental	\$0 co-pay per Medicare covered visit \$0 co-pay for certain preventive services; varying co-pays for comprehensive services; up to \$500 combined allowance per year	Not Covered; (See optional benefit package below.)			
Chiropractic	\$10 co-pay per Medicare covered visit; Routine care not covered	\$10 co-pay per Medicare covered visit; Routine care not covered			
Podiatry	\$25 co-pay per Medicare-covered visit \$25 co-pay per visit, up to 12 routine visits per year	\$10 co-pay per Medicare covered visit; Routine foot care not covered			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	<i>Cost-sharing shown is for network pharmacies</i>			
	30 days	30 days	100 days	100 days	
	90 days	90 days	Mail	Mail	
	Preferred Generic	\$3	\$8	\$6	\$6
	Generic	\$10	\$15	\$20	\$24
	Preferred Brand	\$37	\$47	\$101	\$94
	Non-Preferred Brand	\$90	\$100	\$260	\$200
Specialty co-insurance	33%	33%	N/A	33%	
	\$0 deductible; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.	\$0 deductible; after total yearly drug costs reach \$4,020, you pay \$3 copay for preferred generic, \$12 for generic and 25% for brand name and specialty drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay \$3 for generics \$12 for brands.			
Other Benefits/Options	Wellnes: \$0 co-pay for Silver&Fit basic membership; \$0 co-pay for 24-hour Nurse Advice Line	Wellness: \$0 co-pay for Silver&Fit basic membership; \$0 co-pay for 24-hour Nurse Advice Line Optional benefit package: Advantage Plus at \$20/month -Dental: Copays vary depending upon the service; Delta Care USA HMO network -Hearing: \$350 allowance for one aid every 3 years -Vision: \$0 co-pay for eyewear with \$280 limit (in addition to \$40 limit above) every two years			
Notes	Medical Groups: Affinity; Brown and Toland Hospitals: Alameda, Alta Bates/Summit (Berkeley/Oakland), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton/Livermore), and Washington (Fremont)	Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont			

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">Stanford Health Care Advantage 1-844-278-2636 (Sales & Marketing) 1-855-996-8422 (Member Services) www.stanfordhealthcareadvantage.org</p>																																																							
<p>Plan Name</p>	<p align="center">Gold (H2986-002)</p>				<p align="center">Platinum (H2986-001)</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>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 align="center">\$80 per emergency room visit; \$35 per urgent care visit; co-pays waived if admitted to hospital within 24 hours; emergency coverage in US & territories only.</p>				<p align="center">\$80 per emergency room visit; \$35 per urgent care visit; Co-pays waived if admitted within 24 hours; Worldwide coverage with \$35 co-pay, up to \$10,000 lifetime max</p>																																																			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p align="center">\$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 align="center">\$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">10% of the cost</p>				<p align="center">10% 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>Eyewear</p>	<p align="center">\$0 copay for one pair following cataract surgery (See Optional Benefit Package below.)</p>				<p align="center">\$0 copay for one pair following cataract surgery (See Optional Benefit Package below.)</p>																																																			
<p>Eye Exams</p>	<p align="center">\$10-\$20 co-pay per diagnostic exam; Routine exams not covered; (See Optional Benefit Package below.)</p>				<p align="center">\$10-\$20 co-pay per diagnostic exam; Routine exams not covered; (See optional benefit package below.)</p>																																																			
<p>Hearing Aids</p>	<p align="center">Not Covered</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">\$0 co-pay per diagnostic exam \$0 for 1 routine annual exam</p>																																																			
<p>Dental</p>	<p align="center">\$30 co-pay per Medicare covered visit (See Optional Benefit Package below.)</p>				<p align="center">\$20 co-pay per Medicare covered visit (See Optional Benefit Package below.)</p>																																																			
<p>Chiropractic</p>	<p align="center">\$20 co-pay per Medicare covered visit; Routine care not covered</p>				<p align="center">\$20 co-pay per Medicare covered visit; Routine care not covered</p>																																																			
<p>Podiatry</p>	<p align="center">\$30 co-pay per Medicare-covered visit; Routine foot care not covered</p>				<p align="center">\$20 co-pay per Medicare covered visit; Routine foot care not covered</p>																																																			
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></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>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 \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generic drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics & the greater of \$8.95 or 5% for brands.</p>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	100 days mail	Preferred Generic	\$5	\$15	\$10	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><i>Cost-sharing shown is for network pharmacies</i></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>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 \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	100 days mail	Preferred Generic	\$5	\$15	\$10	Generic	\$15	\$45	\$30	Preferred Brand	\$47	\$141	\$94	Non-Preferred Brand	\$100	\$300	\$200	Specialty co-insurance	33%	33%	33%
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	100 days mail																																																					
Preferred Generic	\$5	\$15	\$10																																																					
Generic	\$15	\$45	\$30																																																					
Preferred Brand	\$47	\$141	\$94																																																					
Non-Preferred Brand	\$100	\$300	\$200																																																					
Specialty co-insurance	28%	N/A	N/A																																																					
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	100 days mail																																																					
Preferred Generic	\$5	\$15	\$10																																																					
Generic	\$15	\$45	\$30																																																					
Preferred Brand	\$47	\$141	\$94																																																					
Non-Preferred Brand	\$100	\$300	\$200																																																					
Specialty co-insurance	33%	33%	33%																																																					
<p>Other Benefits/Options</p>	<p>Wellness: \$10 co-pay per Teledoc (phone) consultation Transportation: \$0 co-pay for 24 trips per year to plan approved locations 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-\$125 co-pay for general services; \$5-\$445 co-pay for major services; Dental HMO with Delta Care USA</p>				<p>Wellness: \$10 co-pay per Teledoc (phone) consultation; \$0 co-pay for Silver&Fit basic membership Acupuncture: \$10 co-pay per visit up to 15/year Transportation: \$0 co-pay for 24 trips per year to plan approved locations 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-\$125 co-pay for general services; \$5-\$445 co-pay for major services; Dental HMO with Delta Care USA</p>																																																			
<p>Notes</p>	<p>Medical Groups: Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates Hospitals: Alameda, Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford (Palo Alto), Stanford Valley Care (Pleasanton and Livermore)</p>				<p>Medical Groups: Palo Alto and Sutter East Bay Medical Foundations, Stanford Affiliates Hospitals: Alameda, Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford (Palo Alto), Stanford Valley Care (Pleasanton and Livermore)</p>																																																			

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

Please contact the Plan for outline of coverage & provider information or call 1-800-Medicare	<p align="center">United Health Care 1-844-723-6473 (Sales and Marketing) 1-877-596-3258 (Member Services) www.aarpmedicareplans.com</p>																																																				
Plan Name	AARP SecureHorizons Plan 1 (H0543-070)			UnitedHealthcare Canopy Health (H0543-188)																																																	
Star Rating	★★★★			★★★★																																																	
Annual OOP Max	\$6,700			\$4,900																																																	
Monthly Premium	\$107			\$69																																																	
Doctor Visit Co-Payment	\$10 for Primary Care Physician; \$15 for Specialist			\$0 for Primary Care Physician; \$15 for Specialist																																																	
Inpatient Hospital Co-Payment	\$390 per day for days 1-5; \$0 per day for days 6 and beyond (unlimited)			\$250 per day for days 1-7; \$0 per day for days 8 and beyond (unlimited)																																																	
Outpatient Surgery Co-payment	\$370 per outpatient hospital visit; \$370 per ambulatory surgical center visit			\$210 per outpatient hospital visit; \$150 per ambulatory surgical center visit																																																	
Skilled Nursing Care Co-Payment	\$0 for days 1-20; \$160 per day for days 21-62; \$0 for 63-100			\$0 for days 1-20; \$160 per day for days 21-51; \$0 for 52-100																																																	
Emergency & Urgent Care Co-payments	\$90 per emergency room visit; waived if admitted to hospital within 24 hours; Worldwide coverage; \$40 per urgent care visit			\$90 per emergency room visit; waived if admitted to hospital within 24 hours; Worldwide coverage; \$40 per urgent care visit																																																	
Ambulance	\$250 co-pay per ground or air ambulance trip			\$250 co-pay per ground or air ambulance trip																																																	
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab, diagnostic tests and procedures; \$15 co-pay per x-ray; \$105 co-pay for diagnostic radiology; \$60 co-pay for therapeutic radiology			\$0 co-pay for lab, diagnostic tests and procedures; \$15 co-pay per x-ray; \$105 co-pay for diagnostic radiology; \$60 co-pay for therapeutic radiology																																																	
Renal Dialysis	20% co-insurance			20% co-insurance																																																	
Outpatient Mental Health Visits	\$40 co-pay for individual therapy session; \$30 co-pay for group therapy session			\$40 co-pay for individual therapy session; \$30 co-pay for group therapy session																																																	
Eyewear	\$100 allowance for eyeglasses or contact lenses every two years, with \$0 co-pay			\$100 allowance for eyeglasses or contact lenses every two years, with \$0 co-pay																																																	
Eye Exams	\$0 co-pay per diagnostic exam; \$0 co-pay for one routine annual exam			\$0 co-pay per diagnostic exam; \$0 co-pay for one routine annual exam																																																	
Hearing Aids	\$375 - \$2,075 co-pay per aid, through United Healthcare Hearing, up to 2 aids every two years			\$375 - \$2,075 co-pay per aid, through United Healthcare Hearing, up to 2 aids every two years																																																	
Hearing Exams	\$0 co-pay per diagnostic exam; \$0 co-pay for one annual routine exam			\$0 co-pay per diagnostic exam; \$0 co-pay for one annual routine exam																																																	
Dental	\$0 co-pay per Medicare covered visit (See Optional Benefit Packages below)			\$0 co-pay per Medicare covered visit (See Optional Benefit Packages below)																																																	
Chiropractic	\$15 co-pay per Medicare covered visit; Routine care not covered			\$15 co-pay per Medicare covered visit; Routine care not covered																																																	
Podiatry	\$15 co-pay per Medicare-covered visit; \$15 co-pay per routine visit, up to 6 visits per year			\$15 co-pay per Medicare-covered visit; \$15 co-pay per routine visit, up to 6 visits per year																																																	
Prescription Drugs (Outpatient)	<table border="1"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$3</td> <td>\$9</td> <td>\$9</td> </tr> <tr> <td>Generic</td> <td>\$12</td> <td>\$36</td> <td>\$36</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$141</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$100</td> <td>\$300</td> <td>\$300</td> </tr> <tr> <td>Specialty co-insurance</td> <td>26%</td> <td>26%</td> <td>26%</td> </tr> </tbody> </table>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	Preferred Generic	\$3	\$9	\$9	Generic	\$12	\$36	\$36	Preferred Brand	\$47	\$141	\$141	Non-Preferred Brand	\$100	\$300	\$300	Specialty co-insurance	26%	26%	26%	<table border="1"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$2</td> <td>\$6</td> <td>\$6</td> </tr> <tr> <td>Generic</td> <td>\$12</td> <td>\$36</td> <td>\$36</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$141</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$100</td> <td>\$300</td> <td>\$300</td> </tr> <tr> <td>Specialty co-insurance</td> <td>30%</td> <td>30%</td> <td>30%</td> </tr> </tbody> </table>	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	Preferred Generic	\$2	\$6	\$6	Generic	\$12	\$36	\$36	Preferred Brand	\$47	\$141	\$141	Non-Preferred Brand	\$100	\$300	\$300	Specialty co-insurance	30%	30%	30%
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail																																																		
Preferred Generic	\$3	\$9	\$9																																																		
Generic	\$12	\$36	\$36																																																		
Preferred Brand	\$47	\$141	\$141																																																		
Non-Preferred Brand	\$100	\$300	\$300																																																		
Specialty co-insurance	26%	26%	26%																																																		
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail																																																		
Preferred Generic	\$2	\$6	\$6																																																		
Generic	\$12	\$36	\$36																																																		
Preferred Brand	\$47	\$141	\$141																																																		
Non-Preferred Brand	\$100	\$300	\$300																																																		
Specialty co-insurance	30%	30%	30%																																																		
	\$0 deductible for Tiers 1-2; \$350 for Tiers 3-5; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.				\$0 deductible for Tiers 1-2; \$150 for Tiers 3-5; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.																																																
Other Benefits/Options	Wellness: \$0 co-pay for 24-hour Nurse Advice Line 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 \$43/month: preventive and comprehensive benefits				Wellness: \$0 co-pay for Renew Active Fitness program; \$0 co-pay for 24-hour Nurse Advice Line Over the Counter: \$40 credit per quarter for approved Health and Wellness products from catalog Optional Dental Rider at: \$43/month: preventive and comprehensive benefits																																																
Notes	Medical Groups: Affinity, Brown & Toland, Palo Alto Medical Foundation, Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Memorial (Livermore) and Washington (Fremont)				Medical Groups: Hill Physicians East Bay, John Muir Physician Network Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), San Leandro, St. Rose (Hayward), UCSF, and Washington (Fremont)																																																

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">Health Net of California 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.ca.healthnetadvantage.com</p>																																																				
<p>Plan Name</p>	<p align="center">Seniority Plus Sapphire Premier (H3561-002) (Premiums and Co-pays Waived for FULL DUALS)</p>			<p align="center">Seniority Plus Sapphire Premier II (H3561-005) (Premiums and Co-pays Waived for FULL DUALS)</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">\$32</p>			<p align="center">\$32</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>Outpatient Surgery Co-payment</p>	<p align="center">20% co-insurance per outpatient hospital facility or ambulatory surgical center visit</p>			<p align="center">20% co-insurance per outpatient hospital facility or 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>Emergency & Urgent Care Co-payments</p>	<p>\$90 per emergency room visit; waived if admitted to the hospital immediately 20% co-insurance (up to \$65) per urgent care visit</p>			<p>\$90 per emergency room visit; waived if admitted to the hospital immediately 20% co-insurance (up to \$65) per urgent care visit</p>																																																	
<p>Ambulance</p>	<p align="center">20% co-insurance per trip</p>			<p align="center">20% co-insurance per trip</p>																																																	
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p>\$0 copay for lab services; 20% co-insurance for diagnostic tests and procedures, x-rays, diagnostic and therapeutic radiology</p>			<p>\$0 copay for lab services; 20% co-insurance for diagnostic tests and procedures, x-rays, diagnostic and therapeutic radiology</p>																																																	
<p>Renal Dialysis</p>	<p align="center">20% co-insurance</p>			<p align="center">20% co-insurance</p>																																																	
<p>Outpatient Mental Health Visits</p>	<p align="center">20% co-insurance per individual or group therapy session</p>			<p align="center">20% co-insurance per individual or group therapy session</p>																																																	
<p>Eyewear</p>	<p align="center">\$550 allowance for eyeglasses or contact lenses each year</p>			<p align="center">\$550 allowance for eyewear each year</p>																																																	
<p>Eye Exams</p>	<p align="center">\$0 copay per diagnostic exam; \$0 copay for one annual routine exam</p>			<p align="center">\$0 copay per diagnostic exam; \$0 copay for one annual routine exam</p>																																																	
<p>Hearing Aids</p>	<p align="center">\$0 - \$1,350 co-pay each for up to two hearing aids per year</p>			<p align="center">\$0 - \$1,350 co-pay each for up to two hearing aids per year</p>																																																	
<p>Hearing Exams</p>	<p align="center">20% co-insurance per diagnostic exam \$0 for one routine annual exam</p>			<p align="center">20% co-insurance per diagnostic exam \$0 for one routine annual exam</p>																																																	
<p>Dental</p>	<p align="center">20% co-insurance per Medicare covered visit; \$0 co-pay for certain preventive services; \$1,000 allowance per year toward comprehensive services</p>			<p align="center">20% co-insurance per Medicare covered visit; \$1,000 allowance per year toward comprehensive services</p>																																																	
<p>Chiropractic</p>	<p align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 30 routine visits per year, combined with acupuncture visits</p>			<p align="center">\$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 align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 12 routine visits per year</p>			<p align="center">\$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><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>Preferred Generic</td> <td>\$5</td> <td>\$15</td> <td>\$10</td> </tr> <tr> <td>Generic</td> <td>\$20</td> <td>\$60</td> <td>\$60</td> <td>Generic</td> <td>\$15</td> <td>\$45</td> <td>\$30</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$141</td> <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>\$300</td> <td>Non-Preferred Brand</td> <td>\$100</td> <td>\$300</td> <td>\$200</td> </tr> <tr> <td>Specialty co-insurance</td> <td>26%</td> <td>N/A</td> <td>N/A</td> <td>Specialty co-insurance</td> <td>28%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>\$0 deductible for Tier 1; \$370 deductible for Tiers 2, 3, 4, & 5; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generic drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics & the greater of \$8.95 or 5% for brands.</p> <p>\$0 deductible for Tier 1; \$410 deductible for Tiers 2, 3, 4, & 5; after total yearly drug costs reach \$4,020, you pay no more than 25% of the plan's cost for brand name drugs and 25% for generic drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics & the greater of \$8.95 or 5% for brands.</p>					<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$5	\$15	\$10	Generic	\$20	\$60	\$60	Generic	\$15	\$45	\$30	Preferred Brand	\$47	\$141	\$141	Preferred Brand	\$47	\$141	\$94	Non-Preferred Brand	\$100	\$300	\$300	Non-Preferred Brand	\$100	\$300	\$200	Specialty co-insurance	26%	N/A	N/A	Specialty co-insurance	28%	N/A	N/A
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail																																														
Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$5	\$15	\$10																																														
Generic	\$20	\$60	\$60	Generic	\$15	\$45	\$30																																														
Preferred Brand	\$47	\$141	\$141	Preferred Brand	\$47	\$141	\$94																																														
Non-Preferred Brand	\$100	\$300	\$300	Non-Preferred Brand	\$100	\$300	\$200																																														
Specialty co-insurance	26%	N/A	N/A	Specialty co-insurance	28%	N/A	N/A																																														
<p>Other Benefits/Options</p>	<p>Transportation: \$0 co-pay for up to 40 one-way trips to plan-approved locations each year Over-the-Counter: \$55 allowance per quarter for mail order items Meals: \$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>Transportation: \$0 co-pay for up to 40 one-way trips to plan-approved locations each year. Over-the-Counter: \$55 allowance for items per quarter for mail order items Meals: \$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 and Toland Hospitals: Alameda, Alta Bates/Summit (Berkeley/Oakland), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton/Livermore), and Washington (Fremont)</p>			<p>Medical Groups: Affinity; Brown and Toland Hospitals: Alameda, Alta Bates/Summit (Berkeley/Oakland), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleasanton/Livermore), and Washington (Fremont)</p>																																																	

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">Imperial Health Plan of California 1-800-838-5197 (Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com</p>																																																							
<p>Plan Name</p>	<p align="center">Imperial Traditional Plus (H5496-009) (Premiums and Co-pays Waived for FULL DUALS)</p>				<p align="center">Imperial Senior Value (H5496-005) (C-SNP: Special Needs Plan for People with Cardiovascular Disorders, Chronic Heart Failure, Diabetes)</p>																																																			
<p>Star Rating</p>	<p align="center">Plan too new to be rated</p>				<p align="center">Plan too new to be rated</p>																																																			
<p>Annual OOP Max</p>	<p align="center">\$4,000</p>				<p align="center">\$4,000</p>																																																			
<p>Monthly Premium</p>	<p align="center">\$0</p>				<p align="center">\$0</p>																																																			
<p>Doctor Visit Co-Payment</p>	<p align="center">20% co-insurance for Primary Care Physician; 20% co-insurance for Specialist</p>				<p align="center">\$0 for Primary Care Physician; \$0 for Specialist</p>																																																			
<p>Inpatient Hospital Co-Payment</p>	<p align="center">\$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 align="center">\$100 per day for days 1-5; \$0 per day for days 6 through 90; \$670 per day for days 91-150</p>																																																			
<p>Outpatient Surgery Co-payment</p>	<p align="center">20% co-insurance per outpatient hospital facility or ambulatory surgical center visit</p>				<p align="center">\$0 per outpatient hospital visit 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">\$100 co-pay per trip</p>																																																			
<p>Emergency & Urgent Care Co-payments</p>	<p align="center">20% co-insurance (up to \$90) per emergency room visit 20% co-insurance (up to \$65) per urgent care visit</p>				<p align="center">\$90 per emergency room visit; Co-pay waived if admitted to hospital within 48 hours; \$0 co-pay per urgent care visit</p>																																																			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p align="center">\$0 copay for lab services; 20% co-insurance for diagnostic tests and procedures, x-rays, diagnostic and therapeutic radiology</p>				<p align="center">\$0 co-pay for lab services, diagnostic tests & procedures, x-rays, diagnostic and therapeutic radiology</p>																																																			
<p>Renal Dialysis</p>	<p align="center">20% co-insurance</p>				<p align="center">20% co-insurance</p>																																																			
<p>Outpatient Mental Health Visits</p>	<p align="center">20% co-insurance per individual or group therapy session</p>				<p align="center">20% co-insurance per individual or group therapy visit</p>																																																			
<p>Eyewear</p>	<p align="center">20% co-insurance for eyeglasses or contact lenses after cataract surgery; \$500 allowance for eyeglasses or contact lenses every two years</p>				<p align="center">\$250 allowance every two years with \$15 co-pay for eyeglasses or contact lenses</p>																																																			
<p>Eye Exams</p>	<p align="center">20% co-insurance copay per diagnostic exam; 20% co-insurance for one routine annual exam</p>				<p align="center">\$0 co-pay per diagnostic exam; \$15 co-pay for one routine annual exam</p>																																																			
<p>Hearing Aids</p>	<p align="center">20% co-insurance (plan pays up to \$1,250/year)</p>				<p align="center">20% co-insurance (plan pays up to \$1,250/year)</p>																																																			
<p>Hearing Exams</p>	<p align="center">20% co-insurance for diagnostic and routine exams</p>				<p align="center">20% co-insurance for diagnostic and routine exams</p>																																																			
<p>Dental</p>	<p align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for preventive services up to \$500 annual allowance; \$0 co-pay for restorative services, up to \$1,000 annual allowance</p>				<p align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for preventive services up to \$500 annual allowance; \$0 co-pay for restorative services, up to \$1,000 annual allowance</p>																																																			
<p>Chiropractic</p>	<p align="center">\$0 co-pay per Medicare-covered visit; Routine visits not covered</p>				<p align="center">\$0 co-pay per Medicare-covered visit; Routine visits not covered</p>																																																			
<p>Podiatry</p>	<p align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 6 routine visits per year</p>				<p align="center">\$0 co-pay per Medicare-covered visit; \$0 co-pay for up to 6 routine visits per year</p>																																																			
<p>Prescription Drugs (Outpatient)</p>	<table border="1"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>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>33%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>\$0 deductible for Tier 1; \$435 deductible for Tiers 2-5; after total yearly drug costs reach \$4,020, you pay \$0 for generics and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	Preferred Generic	\$0	\$0	\$0	Generic	25%	25%	25%	Preferred Brand	25%	25%	25%	Non-Preferred Brand	25%	25%	25%	Specialty co-insurance	33%	N/A	N/A	<table border="1"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days</th> <th>90 days mail</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Generic</td> <td>\$5</td> <td>\$10</td> <td>\$10</td> </tr> <tr> <td>Preferred Brand</td> <td>\$45</td> <td>\$90</td> <td>\$90</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$90</td> <td>\$180</td> <td>\$180</td> </tr> <tr> <td>Specialty co-insurance</td> <td>33%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>\$0 deductible; after total yearly drug costs reach \$4,020, you pay \$0 for generics and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.</p>				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail	Preferred Generic	\$0	\$0	\$0	Generic	\$5	\$10	\$10	Preferred Brand	\$45	\$90	\$90	Non-Preferred Brand	\$90	\$180	\$180	Specialty co-insurance	33%	N/A	N/A
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail																																																					
Preferred Generic	\$0	\$0	\$0																																																					
Generic	25%	25%	25%																																																					
Preferred Brand	25%	25%	25%																																																					
Non-Preferred Brand	25%	25%	25%																																																					
Specialty co-insurance	33%	N/A	N/A																																																					
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days	90 days mail																																																					
Preferred Generic	\$0	\$0	\$0																																																					
Generic	\$5	\$10	\$10																																																					
Preferred Brand	\$45	\$90	\$90																																																					
Non-Preferred Brand	\$90	\$180	\$180																																																					
Specialty co-insurance	33%	N/A	N/A																																																					
<p>Other Benefits/Options</p>	<p>Acupuncture: \$15 co-pay per visit up to 12 routine visits per year Over the Counter: \$35 quarterly allowance for OTC items via mail order Transportation: \$0 co-pay for unlimited round trips to plan approved locations Wellness: \$0 co-pay for Silver&Fit membership</p>				<p>Acupuncture: \$15 co-pay per visit up to 12 routine visits per year Over-the-Counter: \$35 quarterly allowance for OTC items via mail order Transportation: \$0 co-pay for up to unlimited round trips to plan approved locations Wellness: \$0 co-pay for Silver&Fit membership</p>																																																			
<p>Notes</p>	<p>Medical Groups: Hill Physicians, Imperial Health Holdings Hospitals: Alta Bates/Summit (Berk/Oak) and Eden (Castro Valley) Medical Centers</p>				<p>Medical Groups: Hill Physicians, Imperial Health Holdings Hospitals: Alta Bates/Summit (Berk/Oak) and Eden (Castro Valley) Medical Centers</p>																																																			

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Anthem Blue Cross 1-888-211-9813 (Sales & Marketing) 1-888-230-7338 (Member Services) www.shop.anthem.com/medicare/ca	United Health Care 1-844-723-6473 (Sales and Marketing) 1-877-596-3258 (Member Services) www.aarpmedicareplans.com	
Plan Name	MediBlue Coordination Plus (H0544-099) (Premiums and Co-pays Waived for FULL DUALS)	Medicare Advantage Assure (H0543-183) (Premiums and Co-pays Waived for FULL DUALS)	
Star Rating	★★★★	★★★★	
Annual OOP Max	\$6,700	\$6,700	
Monthly Premium	\$18.30	\$22.70	
Doctor Visit Co-Payment	\$20% co-insurance for Primary Care Physician; 20% co-insurance for Specialist	\$20% co-insurance for Primary Care Physician; 20% co-insurance 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	
Outpatient Surgery Co-payment	20% co-insurance per outpatient hospital facility or ambulatory surgical center visit	20% co-insurance per outpatient hospital facility or 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	
Emergency & Urgent Care Co-payments	\$90 per emergency room visit; Worldwide coverage \$65 per urgent care visit	\$0 – 90 per emergency room visit; Worldwide coverage \$0 - \$65 per urgent care visit	
Ambulance	20% co-insurance per trip	20% co-insurance per trip	
Lab Tests, Procedures, and Radiation Therapy	20% co-insurance for lab services and diagnostic tests and procedures, x-rays and therapeutic radiology	\$0 copay for lab services and diagnostic tests and procedures; 20% co-insurance for x-rays and therapeutic radiology	
Renal Dialysis	20% co-insurance	20% co-insurance	
Outpatient Mental Health Visits	20% co-insurance per individual or group therapy session	\$0 copay per individual or group therapy session	
Eyewear	\$300 annual allowance for eyeglasses or contact lenses	\$300 annual allowance for eyeglasses or contact lenses	
Eye Exams	20% co-insurance per diagnostic exam; \$0 copay for 1 annual routine exam	20% co-insurance per diagnostic exam; \$0 copay for 1 annual routine exam	
Hearing Aids	\$3,000 annual allowance for hearing aids	\$2,500 allowance for up to 2 aids every 2 years	
Hearing Exams	\$0 co-pay per diagnostic exam \$0 for 1 routine annual exam	\$0 co-pay per diagnostic exam \$0 for 1 routine annual exam	
Dental	20% co-insurance per Medicare-covered visit; \$0 co-pay for certain routine dental services; \$375 allowance for comprehensive dental each quarter	20% co-insurance per Medicare-covered visit; routine dental not covered	
Chiropractic	20% co-insurance per Medicare covered visit; \$0 co-pay for 12 routine visits per year	\$0 co-pay per Medicare covered visit; Routine care not covered	
Podiatry	\$0 co-pay per Medicare covered visit; \$0 co-pay for unlimited routine visits each year	\$0 co-pay per Medicare covered visit; Routine foot care not covered	
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	<i>Cost-sharing shown is for network pharmacies</i>	
	Preferred Generic	30 days \$0 90 days \$0 90 days mail \$0	30 days \$0 90 days \$0 90 days mail \$0
	Generic	\$13 \$39 \$39	25% 25% 25%
	Preferred Brand	\$47 \$141 \$141	25% 25% 25%
	Non-Preferred Brand	\$95 \$285 \$285	25% 25% 25%
	Specialty co-insurance	25% N/A N/A	33% N/A N/A
	\$0 deductible for Tier 1; \$435 deductible for Tiers 2-5; after total yearly drug costs reach \$4,020, you pay \$0 for generics and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.	\$435 deductible; after total yearly drug costs reach \$4,020, you pay \$0 for generics and no more than 25% of the plan's cost for brand name drugs until out-of-pocket drug expenses reach \$6,350. After that, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.	
Other Benefits/Options	Acupuncture: \$0 co-pay for unlimited visits/year Meals: \$0 co-pay for up to 2 meals per day for 5 days following hospital discharge Over the Counter: \$100 quarterly allowance for plan approved items Personal Emergency Response System (PERS): \$0 co-pay monitoring device and services. Transportation: \$0 copay for 48 trips per year Wellness: \$0 co-pay for Silver Sneakers membership	Health Products Benefit: \$40 credit per quarter to use on approved products. Wellness: 24-hour Nurse Advice Line with \$0 copay	
Notes	Medical Groups: Brown & Toland Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oakland), St. Rose, (Hayward), San Leandro, Stanford Valley Care (Pleasanton & Livermore), Washington (Fremont)	Medical Groups: Affinity, Brown & Toland, Hill Physicians, Palo Alto Med Fndation, Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Memorial (Livermore), and Washington (Fremont)	

2020 MEDICARE HMO COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Kaiser Permanente 1-800-777-1238 (Sales & Marketing) 1-800-443-0815 (Member Services) www.medicare.kaiserpermanente.org	United Health Care 1-844-560-4944 (Sales and Marketing) 1-877-596-3258 (Member Services) www.aarpmedicareplans.com
Plan Name	Kaiser Medicare Medi-Cal North (H0524-030) (D-SNP: Special Needs Plan for FULL DUALS)	UHC Dual Complete (H1375-001) (D-SNP: Special Needs Plan for FULL DUALS)
Star Rating	★★★★★	★★★★★
Annual OOP Max	\$3,400	\$0
Monthly Premium	\$0	\$0
Doctor Visit Co-Payment	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist
Inpatient Hospital Co-Payment	\$0 per day; Unlimited days each benefit period	\$0 per day; Unlimited days each benefit period
Outpatient Surgery Co-payment	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit
Skilled Nursing Care Co-Payment	\$0 per day; 100 days per benefit period	\$0 per day; 100 days per benefit period
Emergency & Urgent Care Co-payments	\$0 copay per emergency room or urgent care visit; Worldwide coverage	\$0 copay per emergency room or urgent care visit; Worldwide coverage
Ambulance	\$0 copay per trip	\$0 copay per trip
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service
Renal Dialysis	\$0 co-pay per service	\$0 co-pay per service
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session	\$0 copay per individual or group therapy session
Eyewear	\$0 co-pay for eyeglasses or contact lenses after cataract surgery; \$300 annual allowance	\$0 co-pay for eyeglasses or contact lenses after cataract surgery
Eye Exams	\$0 copay per diagnostic exam; \$0 copay for 1 annual routine exam	\$0 copay per diagnostic exam
Hearing Aids	Not Covered	Not Covered
Hearing Exams	\$0 co-pay per diagnostic exam; Routine exams not covered	\$0 co-pay per diagnostic exam
Dental	\$0 co-pay for certain preventive and comprehensive services	\$0 co-pay for certain preventive and comprehensive services, up to \$500 annual limit
Chiropractic	\$0 co-pay per Medicare covered visit; Routine care not covered	\$0 co-pay per Medicare covered visit; Routine care not covered
Podiatry	\$0 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)	Depending on your income, you pay the following: Generic: \$0, \$1.30, or \$3.60 All Other Drugs: \$0, \$3.60, or \$8.95 After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$6,350, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.	Depending on your income, you pay the following: Generic: \$0, \$1.30, or \$3.60 All Other Drugs: \$0, \$3.60, or \$8.95 After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$6,350, you pay the greater of \$3.60 or 5% for generics and the greater of \$8.95 or 5% for brands.
Other Benefits/Options	Wellness: 24-hour Nurse Advice Line with \$0 copay	Wellness: 24-hour Nurse Advice Line with \$0 copay Health Products Benefit: \$50 credit per quarter to use on approved products
Notes	Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont	Medical Groups: Affinity, Brown & Toland, Hill Physicians, Palo Alto Med Foundation, Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), San Leandro, St. Rose (Hayward), Stanford Valley Memorial (Livermore), 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 preventive care coverage, you can refer to the Medicare and You 2020 Handbook. Call 1-800-Medicare to request a copy or visit: 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>)