

2022 Medicare Advantage Special Needs Plan (SNP) Comparison Chart for Alameda County

~ Rev 11/10/21 ~

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.

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. **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 such as deductibles and co-insurance will apply.

<See our 2022 Medicare Advantage HMO/PPO Comparison Chart for more information and details.>

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

In 2022, there are 21 Special Needs Plans in Alameda County. Seven 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. In addition, four 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. These plans are called "**look-alike**" **D-SNPs** and are included in this chart. Anyone on Medicare 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. Another Special Needs Plan is for people with specific chronic or disabling conditions, such as diabetes or cardiovascular disorders. It is called a **C-SNP** and certain cost-sharing applies. In 2022, there are six C-SNPs in Alameda County. The third Special Needs Plan is for people in institutions like a nursing home or for people who need a nursing home level of care at home. It is called and **I-SNP** and certain cost-sharing applies. In 2022, there are four I-SNPs in Alameda County.

Enrollment:

In the fall of 2021, 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, 2022.** In 2022, 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, they will have through March 31 to join a stand-alone Medicare Prescription Drug Plan. There are no corresponding guaranteed issue rights to get a Medigap plan without a health screening although people can apply for a Medigap at any time but must answer health screening questions.

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 more detailed information about coverage and cost-sharing, contact the plans directly.** 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



SHIP

State Health Insurance
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Navigating Medicare

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2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Aetna Medicare 833-859-6031 (Sales & Marketing) 866-409-1221 (Member Services) www.aetnamedicare.com	Align Senior Care 844-305-3879 (Sales &Marketing) 844-305-3879 (Member Services) www.alignseniorcare.com			
Plan Name	Aetna Medicare Preferred Plan (H4982-008-0) D-SNP: For FULL DUALS	Align Connect (H3274-003-0) C-SNP: For People with Chronic Condition = Diagnosis of Dementia			
Star Rating	★★★	Plan too new to be measured			
Annual OOP Max	\$7,550	\$3,500			
Monthly Premium	\$0	\$0			
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist			
Inpatient Hospital	\$0 per day; Unlimited number of days	\$150 copay/day for days 1-10; \$0 for days 11-90; \$0 for 60 additional lifetime reserve days			
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	20% co-insurance for outpatient hospital services; \$75 copay for ambulatory surgical center visit			
Skilled Nursing Facility	\$0 per day; 100 days per benefit period	\$0 for days 1-20; \$100 copay/day for days 21-100			
Ambulance	\$0 copay per air or ground trip	\$125 co-pay for ground trip; 20% coinsurance for air trip			
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage	\$90 copay per ER visit; \$40 per urgent care visit; waived if admitted to hospital within 3 days			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 co-pay for lab services and x-rays; 20% coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology			
Renal Dialysis	\$0 co-insurance per treatment	20% co-insurance per treatment			
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session	\$20 copay for individual therapy session; \$10 copay for group therapy session			
Eyewear	\$400 annual allowance for eyeglasses or contact lenses	\$130 annual allowance for eyeglasses/frames or contact lenses			
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam	20% coinsurance per Medicare-covered exam; \$0 copay for 1 annual routine exam			
Hearing Aids	\$2,500 annual allowance; through Nations Hearing	\$1,500 annual allowance			
Hearing Exams	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	20% coinsurance per Medicare-covered exam; \$0 copay for one annual routine exam			
Dental	\$0 copay for limited preventive and comprehensive services; through Liberty Dental network	20% coinsurance per Medicare-covered exam; \$0 copay for 2 exams, cleanings, and X-rays per year			
Chiropractic	\$0 copay per Medicare covered visit; \$0 copay/visit for unlimited routine visits per year	20% coinsurance per Medicare-covered visit; \$0 copay for 12 routine visits per year			
Podiatry	\$0 copay per Medicare covered visit; \$0 copay/visit for 12 routine visits per year	20% coinsurance per Medicare-covered exam \$0 copay for 4 routine visits per year			
Prescription Drugs (Outpatient)	\$0 deductible: \$0 copay for 30, 60, or 100 day supply of all covered drugs; specialty drugs have 30 day limit	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days mail	LTC facility 30 days
		Preferred Generic	\$2		\$2
		Generic	\$15		\$15
		Preferred Brand	\$45		\$45
		Non-Preferred Brand	\$95		\$95
		Specialty co-insurance	25%		25%
		\$0 deductible for Tier 1; \$480 deductible for Tiers 2-5; after total yearly drug costs reach \$4,430, you pay 25% for generic and brand name drugs until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.			
Other Benefits/Options	Acupuncture: \$0 copay for unlimited visits per year Fall Prevention: \$150 annual allowance for approved home and bathroom safety devices Meals: \$25 monthly allowance for Health Foods benefit card at approved locations; up to 42 home-delivered meals over a 21-day period following inpatient hospital or skilled nursing facility stay Over the Counter: \$150 quarterly allowance for items from OTC catalog Personal Emergency Response System (PERS): \$0 co-pay for monitoring device and services Transportation: \$0 copay/trip for 40 one-way trips each year to plan-approved locations Wellness: \$0 for basic Silver Sneakers membership	Acupuncture: \$30 copay/visit for 12 visits per year In-Home Supportive Services: \$0 copay/visit for up to six 2-hour personal care visits from a participating provider, following inpatient hospital stay Over the Counter (OTC): \$75 quarterly allowance for items from OTC catalog			
Medical Groups and Hospitals	Medical Groups: Brown and Toland Hospitals: St. Rose (Hayward), Stanford Valley Care (Pleas/ Liv), Washington Hospital (Fremont)	Medical Groups: Brown and Toland Hospitals: Alameda, Eden (Castro Valley) San Leandro, St. Rose (Hayward), and Washington (Fremont)			

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Align Senior Care 844-305-3879 (Sales &Marketing) 844-305-3879 (Member Services) www.alignseniorcare.com	Align Senior Care 844-305-3879 (Sales &Marketing) 844-305-3879 (Member Services) www.alignseniorcare.com						
Plan Name	Align Thrive (H3274-002-0) I-SNP: For People Who Need Nursing Home Level of Care	Align Premier (H3274-001-0) I-SNP: For People Who Need Nursing Home Level of Care						
Star Rating	Plan too new to be measured	Plan too new to be measured						
Annual OOP Max	\$3,500	\$7,550						
Monthly Premium	\$0	\$26.70						
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; 20% coinsurance for Specialist						
Inpatient Hospital	\$150 copay/day for days 1-10; \$0 for days 11-90; \$0 for days 91-150	\$1,484 deductible; \$0 copay for days 1-60; \$371 copay/day for days 61-90; \$742 per day for days 91-150						
Outpatient Hospital	20% co-insurance for outpatient hospital visits; \$75 copay for ambulatory surgical center visit	20% coinsurance per outpatient hospital and ambulatory surgical center visits						
Skilled Nursing Facility	\$0 copay/day for days 1-20; \$100 copay/day for days 21-100	\$0 copay/day for days 1-20; 185.50 copay/day for days 21-100						
Ambulance	\$125 copay for ground trip; 20% coinsurance for air trip	20% coinsurance for ground and air trip						
Emergency & Urgent Care	\$90 copay per ER visit; \$40 per urgent care visit; waived if admitted to hospital within 3 days	\$90 copay per ER visit; \$55 per urgent care visit; waived if admitted to hospital within 3 days						
Lab Tests, Procedures, and Radiation Therapy	\$0 co-pay for lab services and x-rays; 20% coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology	\$0 copay for lab services and x-rays; 20% coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology						
Renal Dialysis	20% coinsurance per treatment	20% coinsurance per treatment						
Outpatient Mental Health Visits	\$20 copay for individual therapy session; \$10 copay for group therapy session	20% coinsurance for individual or group therapy session						
Eyewear	\$130 annual allowance for eyeglasses or contact lenses	\$130 annual allowance for eyeglasses or contact lenses						
Eye Exams	20% coinsurance per Medicare-covered exam; \$0 copay for 1 annual routine exam	20% coinsurance per Medicare-covered exam; \$0 copay for 1 annual routine exam						
Hearing Aids	\$1,500 annual allowance	Not covered						
Hearing Exams	20% coinsurance per Medicare-covered exam; \$0 copay for one annual routine exam	20% coinsurance per Medicare-covered exam						
Dental	20% coinsurance per Medicare-covered exam; \$0 copay for 2 exams, cleanings, and X-rays per year	20% coinsurance per Medicare-covered exam; \$0 copay for 2 exams, cleanings, and X-rays						
Chiropractic	20% coinsurance for Medicare-covered services; \$30 copay/visit for 12 routine visits per year	20% coinsurance for Medicare-covered services; Routine care not covered						
Podiatry	20% coinsurance for Medicare-covered exam \$0 copay/visit for 4 routine visits per year	20% coinsurance for Medicare-covered exam; \$0 copay/visit for 4 routine visits per year						
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days mail	LTC facility 30 days	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days mail	LTC facility 30 days
	Preferred Generic	\$2	25%	\$2	Preferred Generic	25%	25%	25%
	Generic	\$15	25%	\$15	Generic	25%	25%	25%
	Preferred Brand	\$45	25%	\$45	Preferred Brand	25%	25%	25%
	Non-Preferred Brand	\$95	25%	\$95	Non-Preferred Brand	25%	25%	25%
	Specialty co-insurance	25%	N/A	25%	Specialty co-insurance	25%	25%	25%
	\$0 deductible for Tier 1; \$480 deductible for Tiers 2-5; after total yearly drug costs reach \$4,430, you pay 25% for generic and brand name drugs until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.				\$480 deductible for all drugs; after total yearly drug costs reach \$4,430, you pay 25% for generic and brand name drugs until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.			
Other Benefits/Options	Acupuncture: \$30 copay for 12 visits per year In-Home Supportive Services: \$0 copay/visit for up to six 2-hour personal care visits from a participating provider, following an inpatient hospital stay Over the Counter (OTC): \$75 quarterly allowance for items from OTC catalog.				N/A			
Medical Groups and Hospitals	Medical Groups: Brown and Toland Hospitals: Alameda, Eden (Castro Valley) San Leandro, St. Rose (Hayward), and Washington (Fremont)				Medical Groups: Brown and Toland Hospitals: Alameda, Eden (Castro Valley) San Leandro, St. Rose (Hayward), and Washington (Fremont)			

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Anthem Blue Cross 844-250-2336 (Sales & Marketing) 888-230-7338 (Member Services) www.shop.anthem.com/medicare/ca	Anthem Blue Cross 844-250-2336 (Sales & Marketing) 888-230-7338 (Member Services) www.shop.anthem.com/medicare/ca																								
Plan Name	MediBlue Coordination Plus (H0544-099-0) D-SNP Look-Alike: Premiums and Cost-Sharing Waived for FULL DUALS	Anthem MediBlue Dual Advantage (H0544-125-0) D-SNP: For FULL DUALS																								
Star Rating	★★★1/2	★★★1/2																								
Annual OOP Max	\$7,550	\$7,500																								
Monthly Premium	\$16.30	\$0																								
Doctor Visits	\$20% co-insurance for Primary Care Physician; 20% co-insurance for Specialist	\$0 for Primary Care Physician; \$0 for Specialist																								
Inpatient Hospital	\$1,484 deductible for days 1-60; \$371 co-pay/day for days 61-90; \$742 co-pay/day for days 91-150	\$0 per day for days 1 - 150																								
Outpatient Hospital	20% co-insurance per ambulatory surgical center visit or outpatient hospital facility visit	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit																								
Skilled Nursing Facility	\$0 copay for days 1-20; \$185.50/day for days 21-100	\$0 per day for days 1 - 100																								
Ambulance	20% co-insurance per ground or air trip	\$0 copay per air or ground trip																								
Emergency & Urgent Care	\$90 copay per emergency room visit; waived if admitted to hospital within 24 hours; \$65 per urgent care visit; Worldwide Coverage; limited to \$100,000 per year	\$0 copay per emergency room or urgent care visit; Worldwide coverage; limited to \$100,000 per year																								
Lab Tests, Procedures, and Radiation Therapy	20% co-insurance for lab services, x-rays, diagnostic tests, procedures, and diagnostic and therapeutic radiology	\$0 copay per service																								
Renal Dialysis	20% co-insurance per treatment	\$0 co-insurance per treatment																								
Outpatient Mental Health Visits	20% co-insurance for individual or group therapy session	\$0 copay for individual or group therapy session																								
Eyewear	\$300 annual allowance for glasses or contact lenses	\$300 annual allowance for glasses or contact lenses																								
Eye Exams	20% co-insurance per Medicare-covered exam; \$0 copay for 1 annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam																								
Hearing Aids	\$3,000 annual allowance for hearing aids	\$3,000 annual allowance																								
Hearing Exams	\$0 co-pay per Medicare-covered exam \$0 for 1 annual routine exam	\$0 co-pay per Medicare-covered exam; \$0 copay for one annual routine exam																								
Dental	20% co-insurance for Medicare-covered exam; \$0 copay for 2 exams, 2 cleanings and 1 X-ray per year; \$225 quarterly allowance for comprehensive services	\$0 copay per Medicare-covered exam; \$0 copay for 2 exams, 2 cleanings and 1 X-ray per year; \$225 quarterly allowance for comprehensive services																								
Chiropractic	20% co-insurance per Medicare covered services; \$0 co-pay/visit for 12 routine visits per year	\$0 co-pay per Medicare covered visit; \$0 copay/visit for 12 routine visits per year																								
Podiatry	\$0 co-pay per Medicare covered visit; \$0 co-pay/visit for unlimited routine visits each year	\$0 co-pay per Medicare covered visit; \$0 copay/visit for unlimited routine visits per year																								
Prescription Drugs (Outpatient)	<table border="1"> <tr> <td><i>Cost-sharing shown is for network pharmacies</i></td> <td>30 days</td> <td>90 days retail</td> <td>90 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Generic</td> <td>\$13</td> <td>\$39</td> <td>\$0</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$141</td> <td>\$141</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$95</td> <td>\$285</td> <td>\$285</td> </tr> <tr> <td>Specialty co-insurance</td> <td>25%</td> <td>25%</td> <td>N/A</td> </tr> </table> <p>\$0 deductible for Tier 1; \$480 deductible for Tiers 2-5; after total yearly drug costs reach \$4,430, you pay \$0 for Tier 1 generics and 25% for generics and brand names in all other tiers, until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.</p>	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days retail	90 days mail	Preferred Generic	\$0	\$0	\$0	Generic	\$13	\$39	\$0	Preferred Brand	\$47	\$141	\$141	Non-Preferred Brand	\$95	\$285	\$285	Specialty co-insurance	25%	25%	N/A	\$0 deductible: \$0 copay for 30, 60, or 100 day supply of all covered drugs
<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days retail	90 days mail																							
Preferred Generic	\$0	\$0	\$0																							
Generic	\$13	\$39	\$0																							
Preferred Brand	\$47	\$141	\$141																							
Non-Preferred Brand	\$95	\$285	\$285																							
Specialty co-insurance	25%	25%	N/A																							
Other Benefits/Options	Acupuncture: \$0 co-pay for unlimited visits per year Meals: \$0 co-pay for up to 2 meals per day for 5 days following hospital or SNF stay Community Resource Support: Referrals and coordination for community services Over the Counter (OTC): \$100 quarterly allowance for plan approved items Personal Emergency Response System (PERS): \$0 co-pay for monitoring device and services. Transportation: \$0 copay for 48 one-way trips/year Wellness: \$0 for basic Silver Sneakers membership	Meals: \$0 copay for 2 meals per day for 5 days following inpatient hospital or SNF stay Community Resource Support: Referrals and coordination for community services Over the Counter (OTC): \$100 quarterly allowance for plan approved items Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Wellness: \$0 for basic Silver Sneakers membership																								
Medical Groups and Hospitals	Medical Groups: Brown & Toland Hospitals: Alta Bates/Summit (Berk/Oak) Eden (C. Valley), Highland (Oakland), St. Rose, (Hayward), Stanford Valley Care (Pleas/Liv), & Washington (Frem)	Medical Groups: Brown & Toland Hospitals: Alta Bates/Summit (Berk/Oak) Eden (C. Valley), Highland (Oak), St. Rose, (Hayward), Stanford Valley Care (Pleas/Liv), & Washington																								

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Brand New Day 866-255-4795 (Sales &Marketing) 866-255-4795 (Member Services)	Brand New Day 866-255-4795 (Sales &Marketing) 866-255-4795 (Member Services)																								
Plan Name	Brand New Day Dual Access (H0838-024-0) D-SNP: For FULL DUALS	Brand New Day Embrace Care (H0838-039-2) C-SNP: For People with Chronic Conditions = Cardiovascular Disease, Heart Failure, or Diabetes																								
Star Rating	★★★1/2	★★★1/2																								
Annual OOP Max	\$7,550	\$2,750																								
Monthly Premium	\$0	\$0																								
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0-10 for Specialist																								
Inpatient Hospital	\$0 per stay	\$175 per day for days 1-6; \$0 per day for days 7-90																								
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$0-\$100 per outpatient hospital visit; \$0-\$75 per ambulatory surgical center visit																								
Skilled Nursing Facility	\$0 per day for days 1 - 100	\$0 for days 1-20; \$185.50 per day for days 21-100																								
Ambulance	\$0 copay per air or ground trip	\$0-\$75 copay per air or ground trip																								
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage with \$90 copay for emergency or urgent care visit and \$50,000 limit	\$0-\$100 per emergency room visit; waived if admitted to hospital within 72 hours; \$0 for urgent care; Worldwide coverage with \$100 copay per emergency or urgent care visit and \$50,000 limit																								
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service																								
Renal Dialysis	\$0 coinsurance per treatment	20% coinsurance per treatment																								
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session	\$10 copay for individual therapy session; 20% coinsurance per group therapy session																								
Eyewear	\$175 annual allowance for eyewear	\$175 annual allowance for eyewear																								
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam																								
Hearing Aids	\$149 allowance per aid for 2 aids every 3 years	\$699-\$999 allowance per aid for 2 per year																								
Hearing Exams	\$0 co-pay per diagnostic exam; \$0 copay for one annual routine exam	\$0 copay per diagnostic exam; \$0 copay for one annual routine exam																								
Dental	\$0 copay for Medicare-covered exam; \$0 copay for certain preventative and comprehensive services	\$0 copay for Medicare-covered exam; \$0 copay for certain preventative services; \$0-\$1,110 for comprehensive services																								
Chiropractic	\$0 co-pay per Medicare covered visit; \$0 copay/visit for 30 visits per year (combined with acupuncture)	\$0 co-pay per Medicare covered visit; \$0 copay/visit for 30 visits per year (combined with acupuncture)																								
Podiatry	\$0 co-pay per Medicare covered visit	\$0 co-pay per Medicare covered visit																								
Prescription Drugs (Outpatient)	\$0 deductible: Depending on your income, you pay the following: Generics: \$0 or \$1.35 All Other Drugs: \$0 or \$4.00 After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	<table border="1"> <tr> <td><i>Cost-sharing shown is for network pharmacies</i></td> <td>30 days</td> <td>100 days retail</td> <td>100 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Generic</td> <td>\$9</td> <td>\$27</td> <td>\$18</td> </tr> <tr> <td>Preferred Brand</td> <td>\$47</td> <td>\$101</td> <td>\$94</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$90</td> <td>\$270</td> <td>\$180</td> </tr> <tr> <td>Specialty co-insurance</td> <td>33%</td> <td>N/A</td> <td>N/A</td> </tr> </table> <p>\$0 deductible: after total yearly drug costs reach \$4,430, you pay \$0 for generics and 25% for brands until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.</p>	<i>Cost-sharing shown is for network pharmacies</i>	30 days	100 days retail	100 days mail	Preferred Generic	\$0	\$0	\$0	Generic	\$9	\$27	\$18	Preferred Brand	\$47	\$101	\$94	Non-Preferred Brand	\$90	\$270	\$180	Specialty co-insurance	33%	N/A	N/A
<i>Cost-sharing shown is for network pharmacies</i>	30 days	100 days retail	100 days mail																							
Preferred Generic	\$0	\$0	\$0																							
Generic	\$9	\$27	\$18																							
Preferred Brand	\$47	\$101	\$94																							
Non-Preferred Brand	\$90	\$270	\$180																							
Specialty co-insurance	33%	N/A	N/A																							
Other Benefits/Options	Acupuncture: \$0 copay/visit for 30 visits per year (combined with chiropractic) Healthy Foods: \$30 monthly allowance for health foods at approved grocery stores Meals: \$0 copay per meal for 14 meals/week for 12 weeks for people with certain chronic conditions Over the Counter (OTC): \$170 allowance every 3 months for plan approved items (\$680/year) Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay/trip for unlimited trips to plan approved locations Wellness: \$0 for basic Silver Sneaker membership	Acupuncture: \$0 copay/visit for 30 visits per year (combined with chiropractic) Healthy Foods Allowance: \$30 monthly allowance for health foods at approved grocery stores Meals: \$0 copay per meal for 14 meals/week for 12 weeks for people with certain chronic conditions Over the Counter (OTC): \$30 allowance every month for plan approved items (\$120/year) Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay/trip for unlimited trips to plan approved locations Wellness: \$0 for basic Silver Sneaker membership																								
Medical Groups and Hospitals	Medical Groups: Alameda Health System; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), St. Rose, (Hayward), San Leandro, Washington (Fremont)	Medical Groups: Alameda Health System; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), St. Rose, (Hayward), San Leandro, Washington (Fremont)																								

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Brand New Day 866-255-4795 (Sales &Marketing) 866-255-4795 (Member Services)	Brand New Day 866-255-4795 (Sales &Marketing) 866-255-4795 (Member Services)
Plan Name	Brand New Day Embrace Choice (H0838-040-2) C-SNP: For People with Chronic Conditions = Cardiovascular Disease, Heart Failure, or Diabetes	Brand New Day Select Choice II (H0838-045-0) I-SNP: For People Who Need Nursing Home Level of Care
Star Rating	★★★1/2	★★★1/2
Annual OOP Max	\$7,500	\$3,450
Monthly Premium	\$0	\$0
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist
Inpatient Hospital	\$0 per stay	\$0 per stay
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit
Skilled Nursing Facility	\$0 per day for days 1 - 100	\$0 per day for days 1 - 100
Ambulance	\$0 copay per air or ground trip	\$0 copay per air or ground trip
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage with \$90 copay for emergency or urgent care visit and \$50,000 limit	\$0 copay per emergency room or urgent care visit; Worldwide coverage with \$90 copay for emergency or urgent care visit and \$50,000 limit
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service
Renal Dialysis	20% co-insurance per treatment	20% coinsurance per treatment
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session	\$0 copay for individual or group therapy session
Eyewear	\$175 annual allowance for eyeglasses or contact lenses	\$175 annual allowance for eyeglasses or contact lenses
Eye Exams	\$0 copay per Medicare covered exam; \$0 copay for one annual routine exam	\$0 copay per Medicare covered exam; \$0 copay for one annual routine exam
Hearing Aids	\$149 allowance per aid for 2 aids every 3 years	\$149 allowance per aid for 2 aids every 3 years
Hearing Exams	\$0 copay per diagnostic exam; \$0 copay per 1 annual routine exam	\$0 copay per diagnostic hearing exam; \$0 copay per 1 annual routine exam
Dental	\$0 copay for Medicare-covered exam; \$0 copay for certain preventative and comprehensive services	\$0 copay for Medicare-covered exam; \$0 copay for certain preventative and comprehensive services
Chiropractic	\$0 co-pay per Medicare covered visit; \$0 copay/visit for 30 visits per year (combined with acupuncture)	\$0 for Medicare covered visit; Routine care not covered
Podiatry	\$0 co-pay per Medicare covered visit	\$0 for routine and diagnostic services
Prescription Drugs (Outpatient)	\$0 deductible: Depending on your income, you pay the following: Generics: \$0 or \$1.35 All Other Drugs: \$0 or \$4.00 After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	\$0 deductible: Depending on your income, you pay the following: Generics: \$0 or \$1.35 All Other Drugs: \$0 or \$4.00 After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.
Other Benefits/Options	Acupuncture: \$0 copay/visit for 30 visits per year (combined with chiropractic) Healthy Foods Allowance: \$30 monthly allowance for health foods at approved grocery stores Meals: \$0 copay per meal for 14 meals/week for 12 weeks for people with certain chronic conditions Over the Counter (OTC): \$30 allowance every month for plan approved items (\$120/year) Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay/trip for unlimited trips to plan approved locations Wellness: \$0 for basic Silver Sneaker membership	Over the Counter (OTC): \$300 allowance every 3 months for plan approved items (\$1,200/year) Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay/trip for unlimited trips to plan approved locations Wellness: \$0 for basic Silver Sneaker membership
Medical Groups and Hospitals	Medical Groups: Alameda Health System; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), St. Rose, (Hayward), San Leandro, Washington (Fremont)	Medical Groups: Alameda Health System; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), St. Rose, (Hayward), San Leandro, Washington (Fremont)

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Brand New Day 866-255-4795 (Sales &Marketing) 866-255-4795 (Member Services)	Imperial Health Plan of California 1-800-838-5197(Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com	
Plan Name	Brand New Day Select Care II H0838-043-0) I-SNP: For People Who Need Nursing Home Level of Care	Imperial Traditional Plus (H5496-009-0) D-SNP Look-Alike: Premiums and Cost-Sharing Waived for FULL DUALS	
Star Rating	★★★1/2	★★1/2	
Annual OOP Max	\$3,450	\$2,999	
Monthly Premium	\$0	\$33.20	
Doctor Visits	\$0 copay for Primary Care Physician; \$10 copay for Specialist	20% co-insurance for Primary Care Physician; 20% co-insurance for Specialist	
Inpatient Hospital	\$150 copay/day for days 1-6; \$0 for days 7-90	\$0 copay/day for days 1-60; \$371 co-pay/day for days 61-90; \$742 co-pay/day for days 91-150	
Outpatient Hospital	\$0-\$150 copay per outpatient hospital visit; \$0-75 copay per ambulatory surgical center visit	20% co-insurance per outpatient hospital facility or ambulatory surgical center visit	
Skilled Nursing Facility	\$0 copay for days 1-20 \$185.50 copay for days 21-100	\$0 copay for days 1-20; \$185.50/day for days 21-100	
Ambulance	\$0-\$85 copay per ground or air trip	20% coinsurance per ground or air trip	
Emergency & Urgent Care	\$0-\$120 per emergency room visit; waived if admitted to hospital within 72 hours; \$0 for urgent care; Worldwide coverage with \$120 copay per emergency or urgent care visit and \$50,000 limit	20% co-insurance (up to \$90) per ER visit; 20% co-insurance (up to \$65) per urgent care visit; waived if admitted to hospital within 3 days	
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, x-rays, diagnostic tests, procedures, and diagnostic and therapeutic radiology	\$0 copay for lab services; 20% co-insurance for diagnostic tests and procedures, x-rays, diagnostic and therapeutic radiology	
Renal Dialysis	20% coinsurance per treatment	20% co-insurance per treatment	
Outpatient Mental Health Visits	\$10 copay per individual session; 20% coinsurance per group therapy session	20% co-insurance per individual or group therapy session	
Eyewear	\$175 annual allowance for eyeglasses or contact lenses	\$0 co-pay for one pair eyeglasses or contacts; \$255 annual allowance	
Eye Exams	\$0 copay for Medicare covered exam; \$0 copay for 1 annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for routine exams	
Hearing Aids	\$699-\$999 allowance per aid for 2 per year	20% co-insurance; \$1,250 allowance per year	
Hearing Exams	\$0 copay for Medicare approved exam; \$0 copay for 1 annual routine exam	20% co-insurance for diagnostic and routine exams	
Dental	\$0 copay for Medicare-covered exam; \$0 copay for certain preventative services; \$0-\$1,110 for comprehensive services	\$0 copay per Medicare-covered visit; \$0 co-pay for preventive services, \$500 annual allowance; \$0 co-pay for restorative services, \$2,000 annual allowance	
Chiropractic	\$0 copay for Medicare covered visit; Routine care not covered	20% co-insurance per Medicare-covered visit; Routine care not covered	
Podiatry	\$0 co-pay per Medicare covered visit	20% co-insurance per Medicare-covered visit; \$0 co-pay for unlimited visits	
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	
	90 days	90 days retail	
	100 days mail	90 days mail	
	Preferred Generic	\$0	\$0
	Generic	\$12	\$36
Preferred Brand	\$47	\$141	
Non-Preferred Brand	\$100	\$300	
Specialty co-insurance	33%	N/A	
	\$0 deductible; after total yearly drug costs reach \$4,430, you pay \$0 for preferred generics and no more than 25% of the plan's cost for generics and brands until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	\$0 deductible for Tier 1; \$480 deductible for Tiers 2-5; after total yearly drug costs reach \$4,430, you pay \$0 for generics and 25% of the plan's cost for brands until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	
Other Benefits/Options	Over the Counter (OTC): \$50 allowance every 6 months for plan approved items (\$100/year) Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay/trip for unlimited trips to plan approved locations Wellness: \$0 for basic Silver Sneaker membership	Meals: \$0 co-pay for up to 7 home-delivered meals following surgery or hospital stay; \$105 allowance per benefit period Over the Counter (OTC): \$120 quarterly allowance for items in plan's mail order catalog (\$480/year) Transportation: \$0 co-pay for unlimited round trips to plan approved locations Wellness: \$0 for basic Silver&Fit membership	
Medical Groups and Hospitals	Medical Groups: Alameda Health System; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), St. Rose, (Hayward), San Leandro, Washington (Fremont)	Medical Groups: Brown & Toland, Imperial Health, Nivano Physicians, Physician Partners IPA Hospitals: Alta Bates/Summit (Berk/Oak), and Eden Medical Center (Castro Valley)	

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<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Imperial Health Plan of CA 1-800-838-5197 (Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com	Imperial Health Plan of CA 1-800-838-5197(Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com																								
Plan Name	Imperial Dual Plan (H5496-011-0) D-SNP: For FULL DUALS	Imperial Senior Value (H5496-005) C-SNP: For People with with Chronic Conditions = Cardiovascular Disease, Heart Failure, or Diabetes																								
Star Rating	★★1/2	★★1/2																								
Annual OOP Max	\$2,999	\$2,999																								
Monthly Premium	\$0	\$0																								
Doctor Visits	\$0 copay for Primary Care Physician; \$0 co-pay for Specialist	\$0 for Primary Care Physician; \$0 for Specialist																								
Inpatient Hospital	\$0 co-pay/day for days 1 - 150	\$0 per day for days 1-90; \$670 per day for days 91-150																								
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit																								
Skilled Nursing Facility	\$0 copay for days 1 - 100	\$0 copay for days 1-20; \$164.50/day for days 21-100																								
Ambulance	\$0 copay per ground or air trip	\$125 copay per ground trip 20% co-insurance per air trip																								
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit	\$0 copay per emergency room or urgent care visit; Worldwide coverage: \$0 copay and \$50,000 limit																								
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; 20% co-insurance for therapeutic radiology																								
Renal Dialysis	\$0 co-insurance per treatment	20% co-insurance per treatment																								
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session	20% co-insurance per individual or group therapy session																								
Eyewear	\$0 copay for one pair eyeglasses or contacts; \$260 annual allowance	\$0 copay for one pair eyeglasses or contacts; \$250 annual allowance																								
Eye Exams	20% co-insurance per Medicare-covered exam; \$0 co-pay for routine exams	\$0 copay per Medicare-covered exam; \$0 copay for routine exams																								
Hearing Aids	20% co-insurance; \$2,500 annual allowance	20% co-insurance; \$1,250 annual allowance																								
Hearing Exams	20% co-insurance for Medicare-covered exam; 20% co-insurance for routine exams	20% co-insurance for Medicare-covered exam; 20% for routine exams; plan covers \$250/year																								
Dental	\$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 \$2,000 annual allowance	\$0 co-pay per Medicare-covered visit; \$0 co-pay for preventive services with \$500 annual allowance; \$0 co-pay for restorative services with \$2,000 annual allowance; through Liberty Dental																								
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 copay per Medicare-covered visit; \$0 copay for 6 routine visits per year	\$0 copay per Medicare-covered visit; \$0 copay for 6 routine visits per year																								
Prescription Drugs (Outpatient)	\$0 deductible: Depending on your income, you pay the following: Generic: \$0, \$1.35, \$3.95, or 15% All Other Drugs: \$0, \$4.00, \$9.85, or 15% After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050 , you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	<table border="1"> <tr> <td><i>Cost-sharing shown is for network pharmacies</i></td> <td>30 days</td> <td>90 days retail</td> <td>90 days mail</td> </tr> <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> </table> <p>\$0 deductible; after total yearly drug costs reach \$4,430, 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 \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.</p>	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days retail	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 retail	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																							
Other Benefits/Options	Meals: \$0 co-pay for up to 7 home-delivered meals following surgery or hospital stay; \$105 allowance per benefit period Over the Counter (OTC): \$120 quarterly allowance for items in plan's mail order catalog (\$480/year) Transportation: \$0 co-pay for unlimited round trips to plan approved locations Wellness: \$0 for basic Silver&Fit membership	Meals: \$0 co-pay for up to 7 home-delivered meals following surgery or hospital stay; \$105 allowance per benefit period Over the Counter (OTC): \$120 quarterly allowance for items in plan's mail order catalog (\$480/yr) Transportation: \$0 co-pay for unlimited round trips to plan approved locations Wellness: \$0 for basic Silver&Fit membership																								
Medical Groups and Hospitals	Medical Groups: Brown & Toland, Imperial Health, Nivano Physicians, Physician Partners IPA Hospitals: Alta Bates/Summit (Berk/Oak), and Eden Medical Center (Castro Valley)	Medical Groups: Brown & Toland, Imperial Health, Nivano Physicians, Physician Partners IPA Hospitals: Alta Bates/Summit (Berk/Oak), and Eden Medical Center (Castro Valley)																								

2022 MEDICARE SNP 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	SCAN Health Plan 877-870-4867 (Sales & Marketing) 800-559-3500 (Member Services) www.scanhealthplan.com																								
Plan Name	Kaiser Medicare Medi-Cal North (H0524-030) D-SNP: For FULL DUALS	SCAN Balance (H5425-076-0) C-SNP: For People with Chronic Conditions = Diabetes Mellitus																								
Star Rating	★★★★★	★★★★1/2																								
Annual OOP Max	\$3,400	\$4,000																								
Monthly Premium	\$0	\$0																								
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$10 for Specialist																								
Inpatient Hospital	\$0 per day; Unlimited days per benefit period	\$250 per day for days 1-6; \$0 for days 7-90 and beyond																								
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$10-\$125 copay per outpatient hospital visit; \$0 per ambulatory surgical center visit																								
Skilled Nursing Facility	\$0 per day; 100 days per benefit period	\$0 for days 1-20; \$75 copay/day for days 21-100																								
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage	\$90 copay per emergency room visit; Waived if immediately admitted to hospital; \$10 copay per urgent care visit; Worldwide coverage																								
Ambulance	\$0 copay per air or ground trip	\$180 copay per air or ground trip																								
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; \$60 copay for therapeutic radiology																								
Renal Dialysis	\$0 co-insurance per treatment	20% co-insurance per treatment																								
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session	\$10 copay per individual or group therapy session																								
Eyewear	\$350 annual allowance for eyeglasses or contact lenses	\$130 allowance for eyewear every 2 years																								
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for routine exams	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam																								
Hearing Aids	Not Covered	\$450-\$750 copay for TruHearing aids; Up to 2 aids per year																								
Hearing Exams	\$0 co-pay per Medicare-covered exam; Routine exams not covered	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam																								
Dental	\$0 co-pay for certain preventive and comprehensive services; with Delta Care USA	\$10 copay per Medicare covered visit; \$0 copay per oral exam, cleaning, and x-rays; up to 2 visits each per year; See Optional Benefit Plan below																								
Chiropractic	\$0 co-pay per Medicare covered visit; Routine care not covered	\$0 copay 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; \$0 copay/visit for 6 routine visits per year																								
Prescription Drugs (Outpatient)	<p>\$0 deductible: Depending on your income, you pay the following: Generic: \$0, \$1.35, or \$3.95 All Other Drugs: \$0, \$3.95, or \$9.85</p> <p>After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.</p>	<table border="1"> <tr> <td><i>Cost-sharing shown is for network pharmacies</i></td> <td>30 days</td> <td>100 days retail</td> <td>100 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Generic</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Preferred Brand</td> <td>\$40</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$90</td> <td>\$250</td> <td>\$250</td> </tr> <tr> <td>Specialty co-insurance</td> <td>33%</td> <td>N/A</td> <td>N/A</td> </tr> </table> <p>\$0 deductible; after total yearly drug costs reach \$4,430, you pay \$0 for generics and no more than 25% of the plan's cost for brand names until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.</p>	<i>Cost-sharing shown is for network pharmacies</i>	30 days	100 days retail	100 days mail	Preferred Generic	\$0	\$0	\$0	Generic	\$0	\$0	\$0	Preferred Brand	\$40	\$100	\$100	Non-Preferred Brand	\$90	\$250	\$250	Specialty co-insurance	33%	N/A	N/A
<i>Cost-sharing shown is for network pharmacies</i>	30 days	100 days retail	100 days mail																							
Preferred Generic	\$0	\$0	\$0																							
Generic	\$0	\$0	\$0																							
Preferred Brand	\$40	\$100	\$100																							
Non-Preferred Brand	\$90	\$250	\$250																							
Specialty co-insurance	33%	N/A	N/A																							
Other Benefits/Options	<p>Meals: \$0 copay for up to two home-delivered meals per day for four weeks, following inpatient hospital stay due to congestive heart failure; once per calendar year</p>	<p>Dental HMO (optional): \$10/month with varying copays for 290+ procedures Over the Counter (OTC): \$100 quarterly allowance for items from plan's OTC catalogue Transportation: \$0 copay for up to 24 one-way trips per year; limit of 75 miles per trip</p>																								
Medical Groups and Hospitals	<p>Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont</p>	<p>Medical Groups: Brown & Toland, Imperial Health Hospitals: Alameda, San Leandro, St. Rose (Hayward)</p>																								

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	SCAN Health Plan 877-870-4867 (Sales & Marketing) 800-559-3500 (Member Services) www.scanhealthplan.com	United Health Care 1-844-723-6473 (Sales and Marketing) 1-877-596-3258 (Member Services) www.aarpmedicareplans.com																																																			
Plan Name	SCAN Heart First (H5425-077-0) C-SNP: For People with Chronic Conditions = Cardiovascular Disease and/or Congestive Heart Failure	Medicare Advantage Assure (H0543-183-0) D-SNP Look-Alike: Premiums and Cost-sharing Waived for Full Duals																																																			
Star Rating	★★★★1/2	★★★★																																																			
Annual OOP Max	\$4,000	\$7,550																																																			
Monthly Premium	\$0	\$29.70																																																			
Doctor Visits	\$0 for Primary Care Physician; \$10 for Specialist	20% co-insurance for Primary Care Physician; 20% co-insurance for Specialist																																																			
Inpatient Hospital	\$250 per day for days 1-6; \$0 for days 7-90 and beyond	\$1,480 copay per stay for unlimited days																																																			
Outpatient Hospital	\$10-\$125 copay per outpatient hospital visit; \$0 per ambulatory surgical center visit	20% co-insurance per outpatient hospital or ambulatory surgical center visit																																																			
Skilled Nursing Facility	\$0 for days 1-20; \$75 copay/day for days 21-100	\$0 co-pay for days 1-20; \$185.50 /day for days 21-100																																																			
Emergency & Urgent Care	\$90 copay per emergency room visit; Waived if immediately admitted to hospital; \$10 copay per urgent care visit; Worldwide coverage	\$90 copay per emergency room visit; waived if admitted to hospital within 24 hours; \$65 copay per urgent care visit; Worldwide coverage																																																			
Ambulance	\$180 copay per one way trip	20% co-insurance per ground or air trip																																																			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; \$60 copay for therapeutic radiology	\$0 copay for lab services and diagnostic tests and procedures; 20% co-insurance for x-rays, diagnostic and therapeutic radiology																																																			
Renal Dialysis	20% co-insurance per treatment	20% co-insurance per treatment																																																			
Outpatient Mental Health Visits	\$10 copay per individual or group therapy session	20% co-insurance per individual or group therapy session																																																			
Eyewear	\$130 allowance for eyewear every 2 years	\$100 allowance for frames or contact lenses every 2 years; eyeglass lenses covered in full																																																			
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam																																																			
Hearing Aids	\$450-\$750 copay for TruHearing aids; Up to 2 aids per year	\$2,500 allowance for 2 aids every 2 years; through United Healthcare Hearing																																																			
Hearing Exams	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam	20% co-insurance per Medicare-covered exam \$0 copay for 1 annual routine exam																																																			
Dental	\$10 copay per Medicare covered visit; \$0 copay per oral exam, cleaning, and x-rays; up to 2 visits each per year	20% co-insurance per Medicare-covered visit; routine dental not covered																																																			
Chiropractic	\$0 copay per Medicare-covered visit; Routine care not covered	20% co-insurance per Medicare covered visit; Routine care not covered																																																			
Podiatry	\$0 co-pay per Medicare covered visit; \$0 copay/visit for 6 routine visits per year	20% co-insurance per Medicare covered visit; \$0 copay/visit for 4 routine visits per year																																																			
Prescription Drugs (Outpatient)	<table border="1" data-bbox="467 1331 915 1530"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>100 days retail</th> <th>100 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>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Preferred Brand</td> <td>\$40</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Non-Preferred Brand</td> <td>\$90</td> <td>\$250</td> <td>\$250</td> </tr> <tr> <td>Specialty co-insurance</td> <td>33%</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> \$0 deductible; after total yearly drug costs reach \$4,430 , you pay \$0 for generics and no more than 25% of the plan's cost for brand names until out-of-pocket drug expenses reach \$7,050 . After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.	<i>Cost-sharing shown is for network pharmacies</i>	30 days	100 days retail	100 days mail	Preferred Generic	\$0	\$0	\$0	Generic	\$0	\$0	\$0	Preferred Brand	\$40	\$100	\$100	Non-Preferred Brand	\$90	\$250	\$250	Specialty co-insurance	33%	N/A	N/A	<table border="1" data-bbox="948 1331 1380 1530"> <thead> <tr> <th><i>Cost-sharing shown is for network pharmacies</i></th> <th>30 days</th> <th>90 days retail</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> \$480 deductible; after total yearly drug costs reach \$4,430 , you pay 25% for generics and no more than 25% of the plan's cost for brand names until out-of-pocket drug expenses reach \$7,050 . After that, you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.				<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days retail	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
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Other Benefits/Options	Dental HMO (optional): \$10 /month with varying copays for 290+ procedures Over the Counter (OTC): \$100 quarterly allowance for items from plan's OTC catalogue Transportation: \$0 copay for up to 24 one-way trips per year; limit of 75 miles per trip	Over the Counter (OTC): \$100 quarterly allowance for plan-approved items from catalog Personal Emergency Response System (PERS): \$0 copay for monitoring device and services. Transportation: \$0 copay/trip for 36 one-way trips per year to plan approved locations Wellness: \$0 for Renew Active gym membership																																																			
Medical Groups and Hospitals	Medical Groups: Brown & Toland, Imperial Health Hospitals: Alameda, San Leandro, St. Rose (Hayward)	Medical Groups: Affinity East Bay, Brown & Toland, Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), Highland (Oakland), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv), and Washington (Fremont)																																																			

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	United Health Care 1-844-560-4944 (Sales & Marketing) 1-877-596-3258 (Member Services) www.aarpmedicareplans.com	Wellcare by Health Net of CA (H3561-001-0) 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.wellcarenow.com
Plan Name	UHC Dual Complete (H1375-001) D-SNP: For FULL DUALS	Wellcare Dual Liberty Amber (H3561-001-0) D-SNP: For FULL DUALS
Star Rating	Not enough data available	★★★★
Annual OOP Max	\$0	\$3,450
Monthly Premium	\$0	\$0
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist	\$0 copay for Primary Care Physician; \$0 for Specialist
Inpatient Hospital	\$0 per day; Unlimited days per benefit period	\$0 for days 1-90 and beyond
Outpatient Hospital	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit	\$0 per outpatient hospital visit; \$0 per ambulatory surgical center visit
Skilled Nursing Facility	\$0 per day; 100 days per benefit period	\$0 per day; 100 days per benefit period
Ambulance	\$0 copay per ground or air trip	\$0 copay per ground or air trip
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage	\$0 copay per emergency room or urgent care visit; Worldwide coverage with \$120 copay/visit and \$50,000 plan limit
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service
Renal Dialysis	\$0 co-insurance per treatment	\$0 copay per treatment
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session	\$0 copay per individual or group therapy session
Eyewear	\$400 annual allowance for frames or contact lenses; eyeglass lenses covered in full	\$400 annual allowance for eyewear
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay for Medicare-covered exam; \$0 copay for one annual routine exam
Hearing Aids	\$3,600 allowance for two aids per year	\$2,000 allowance for two aids per year
Hearing Exams	\$0 copay per Medicare-covered exam; \$0 copay for one routine annual exam	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam
Dental	\$0 copay for certain preventive and comprehensive services; \$1,500 annual limit	\$0 copay for Medicare covered visit; \$0 copay for certain preventive services; \$1,000 allowance per year for comprehensive services
Chiropractic	\$0 copay per Medicare-covered visit; Routine care not covered	\$0 copay for Medicare-covered visit; \$0 copay/visit for 24 routine visits per year
Podiatry	\$0 copay per Medicare-covered visit; Routine foot care not covered	\$0 copay for Medicare-covered visit; \$0 copay/visit for 12 routine visits per year
Prescription Drugs (Outpatient)	\$0 deductible; \$0 copay for all covered drugs	\$0 deductible: Depending on your income, you pay the following: Generic: \$0, \$1.35, \$3.95, or 15% All Other Drugs: \$0, \$4.00, \$9.85, or 15% After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach \$7,050 , you pay the greater of \$3.95 or 5% for generics and the greater of \$9.85 or 5% for brands.
Other Benefits/Options	Over the Counter (OTC): \$75 monthly credit on pre-paid card for plan approved items at network retail locations, online, or from mail order catalog Transportation: \$0 copay/trip for 48 one-way trips to plan approved locations each year	Acupuncture: \$0 copay/visit for 24 visits per year Meals: \$0 copay for 3 home-delivered meals per day for up to 14 days following inpatient hospital stay Over the Counter (OTC): \$125 quarterly allowance approved items at participating locations or for mail order items from plan catalogue Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Tobacco Cessation Counseling: \$0 co-pay per session; five sessions per year Transportation: \$0 co-pay for 60 one-way trips to plan-approved locations each year Utility Flex Card: For those with qualifying chronic conditions and at high risk; \$50 per month to help with home utility costs Wellness: \$0 for Peerfit Move gym membership
Medical Groups and Hospitals	Medical Groups: Affinity East Bay, Brown & Toland, Hill Physicians East Bay and Sutter East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Eden (C. Valley), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv) and Washington (Frem)	Medical Groups: Brown and Toland; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), St. Rose (Hayward), Stanford Valley Care (Pleas/Liv) and Washington (Fremont)

2022 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Wellcare by Health Net of California 1-800-977-6738 (Sales & Marketing) 1-800-275-4737 (Member Services) www.wellcarenow.com			
Plan Name	Wellcare Plus Sapphire II (H3561-002-0) D-SNP Look-Alike: Premiums and Cost-sharing Waived for Full Duals			
Star Rating	★★★★			
Annual OOP Max	\$3,450			
Monthly Premium	\$33.20			
Doctor Visits	\$0 copay for Primary Care Physician; \$0 for Specialist			
Inpatient Hospital	\$2,200 copay/day for days 1-90			
Outpatient Hospital	20% co-insurance for outpatient hospital visit or ambulatory surgical center visit			
Skilled Nursing Facility	\$0 copay for days 1-20; \$184 per day for days 21-100			
Ambulance	20% co-insurance for ground or air trip			
Emergency & Urgent Care	\$120 copay per ER visit; \$65 per urgent care visit; waived if admitted to hospital within 24 hours; Worldwide coverage with \$120 copay/visit and \$50,000 plan limit			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services; 20% co-insurance for diagnostic tests and procedures, x-rays, diagnostic and therapeutic radiology			
Renal Dialysis	20% co-insurance per treatment			
Outpatient Mental Health Visits	20% co-insurance per individual or group therapy session			
Eyewear	\$400 annual allowance for eyewear			
Eye Exams	\$0 copay for Medicare-covered exam; \$0 copay for one annual routine exam			
Hearing Aids	\$2,000 allowance for two aids per year			
Hearing Exams	\$0 copay for Medicare-covered exam; \$0 copay for one routine annual exam			
Dental	\$0 copay for Medicare covered visit; \$0 copay for preventative services; varying copays for certain comprehensive services			
Chiropractic	\$0 copay for Medicare-covered visit; \$0 copay/visit for 36 routine visits per year			
Podiatry	\$0 copay for Medicare-covered visit; \$0 copay/visit for 12 routine visits per year			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>	30 days	90 days retail	90 days mail
	Preferred Generic	\$0	\$0	\$0
	Generic	\$20	\$60	\$60
	Preferred Brand	\$47	\$141	\$141
	Non-Preferred Brand	44%	44%	44%
	Specialty co-insurance	25%	N/A	N/A
	\$0 deductible for Tier 1; \$480 deductible for Tiers 2, 3, 4, & 5; after total yearly drug costs reach \$4,430, you pay no more than 25% of the plan's cost for brand name and 25% for generics until out-of-pocket drug expenses reach \$7,050. After that, you pay the greater of \$3.95 or 5% for generics & the greater of \$9.85 or 5% for brands.			
Other Benefits/Options	Acupuncture: \$0 copay/visit for 24 visits per year Meals: \$0 copay for 3 home-delivered meals per day for up to 14 days following a hospital stay Over the Counter (OTC): \$150 quarterly allowance for plan approved items at participating locations or from mail order catalog Personal Emergency Response System (PERS): \$0 copay for monitoring device and services Transportation: \$0 copay for 60 one-way trips to plan-approved locations each year Utility Flex Card: For those with qualifying chronic conditions and at high risk; \$50 per month to help with home utility costs Wellness: \$0 for Peerfit Move gym membership			
Medical Groups and Hospitals	Medical Groups: Brown and Toland; Hill Physicians East Bay Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), St. Rose (Hayward), Stanford Valley Care (Pleas/Liv) 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 (\$203 in 2021). 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
- COVID 19 Vaccine
- 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 2022 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>)