

2023 Medicare Advantage Plan PPO Comparison Chart for Alameda County

~ Rev. 10/25/22 ~

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 referrals to see specialists. The Medicare HMO will *not* pay for services received outside the plan's network unless it is urgent or emergency care. In those circumstances, members should notify their plans 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 2023, there are 30 Medicare HMOs in Alameda County. See our **2023 HMO Plan Comparison Chart** for more information and details: www.lashicap.org/hicap.

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. **In 2023, there are five Medicare PPOs in Alameda County, and they are listed on pages 2-6 in this chart.** One of these does not include the Medicare Part D prescription drug benefit. When people join a PPO *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.*

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 2023, there are 20 Special Needs Plans in Alameda County. See our **2023 Special Needs Plan Comparison Chart** for more information and details: www.lashicap.org/hicap.

Enrollment:

In the fall of 2022, 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, 2023.** In 2023, 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 guarantee 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 a quarterly basis. The change will become effective on the first of the following month, except in the last quarter of the year (October through December), when it becomes effective on January 1.

IMPORTANT NOTE: Beginning in 2023, no Medicare Advantage or Prescription Drug Plan can charge more than a \$35 copay per month for insulin and any drug deductibles do not apply.

ABOUT THIS CHART

This Comparison Chart is a summary only 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 to an employer group plan from primary to secondary coverage when retiring and going on Medicare may offer different benefits and premiums. This chart is also available at www.lashicap.org/hicap.

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



SHIP
State Health Insurance
Assistance Program

Navigating Medicare

This project was supported, in part by grant number 90SAPG0094-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

2023 MEDICARE PPO 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) 833-570-6670 (Member Services) www.aetnamedicare.com																								
Plan Name	Aetna Medicare Elite Plan (PPO) (H5521-293)																								
Star Rating	★ ★ ★ 1/2																								
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2023 MEDICARE PPO COMPARISON CHART FOR ALAMEDA COUNTY

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">United Health Care 844-723-6473 (Sales and Marketing) 877-596-3258 (Member Services) www.aarpmedicareplans.com</p>			
<p>Plan Name</p>	<p align="center">UHC Medicare Advantage Choice Plan 1 (PPO) (H-4829-004)</p>			
<p>Star Rating</p>	<p align="center">★ ★ 1/2</p>			
	<p align="center">In-Network</p>		<p align="center">Out-of-Network</p>	
<p>Annual OOP Max</p>	<p align="center">\$5,900</p>		<p align="center">\$8,700</p>	
<p>Monthly Premium</p>	<p align="center">\$45</p>			
<p>Doctor Visits</p>	<p align="center">\$0 copay for PCP; \$35 for Specialist</p>		<p align="center">\$0 copay for PCP; \$50 for Specialist</p>	
<p>Inpatient Hospital</p>	<p align="center">\$300 copay per day for days 1-4; \$0 copay per day for days 5 and beyond;</p>		<p align="center">\$500 copay per days 1-17; \$0 copay per day for days 18 and beyond</p>	
<p>Outpatient Hospital</p>	<p align="center">\$225 copay for ambulatory surgical center visit; \$275 per outpatient hospital facility visit</p>		<p align="center">\$500 copay for ambulatory surgical center visit; \$500 per outpatient hospital facility visit</p>	
<p>Skilled Nursing Facility</p>	<p align="center">\$0 copay per day for days 1-20; \$196 per day for days 21-51; \$0 per day for days 52-100</p>		<p align="center">\$225 copay per day for days 1-39; \$0 per day for days 40-100</p>	
<p>Ambulance</p>	<p align="center">\$250 copay for ground or air ambulance trip</p>			
<p>Emergency & Urgent Care</p>	<p align="center">\$90 copay per emergency room visit; waived if admitted to hospital within 24 hours; \$40 per urgent care visit; \$0 per emergency or urgent care visit outside of United States</p>			
<p>Lab Tests, Procedures, and Radiation Therapy</p>	<p align="center">\$0 copay for lab services; \$30 copay for diagnostic tests, procedures; \$15 copay per service for x-rays; \$65 copay per service for diagnostic radiology; \$60 copay per service for therapeutic radiology</p>		<p align="center">\$0 copay for lab services; \$40 copay for diagnostic tests, procedures; \$20 copay per service for x-rays; \$160 copay per service for diagnostic radiology; \$150 copay per service for therapeutic radiology</p>	
<p>Renal Dialysis</p>	<p align="center">20% co-insurance per treatment</p>		<p align="center">20% co-insurance per treatment</p>	
<p>Outpatient Mental Health Visits</p>	<p align="center">\$25 copay per visit for individual therapy; \$15 copay per visit for group therapy visit</p>		<p align="center">\$40 copay per visit for individual therapy; \$30 copay per visit for group therapy visit</p>	
<p>Eyewear</p>	<p align="center">\$150 annual allowance for frames or contact lenses through UnitedHealthcare Vision</p>			
<p>Eye Exams</p>	<p align="center">\$0 copay per diagnostic exam; \$0 co-pay for one annual routine exam</p>		<p align="center">\$50 copay per diagnostic exam; \$50 co-pay for one annual routine exam</p>	
<p>Hearing Aids</p>	<p align="center">\$175-\$1,225 copay for each hearing aid, up to two hearing aids every year, through United Healthcare Hearing</p>			
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<p>Dental</p>	<p align="center">\$0 copay for basic preventive services; \$500 combined coverage limit; See Optional Benefits Package below</p>		<p align="center">\$0 copay for basic preventive services; \$500 combined coverage limit; See Optional Benefits Package below</p>	
<p>Chiropractic</p>	<p align="center">\$20 copay for Medicare covered services</p>		<p align="center">\$50 copay for Medicare covered services</p>	
<p>Podiatry</p>	<p align="center">\$35 copay for up to 6 routine visits per year</p>		<p align="center">\$50 copay for up to 6 routine visits per year</p>	
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	<p>Generic</p>	<p>\$10</p>	<p>\$30</p>	<p>\$0</p>
	<p>Preferred Brand</p>	<p>\$47</p>	<p>\$141</p>	<p>\$131</p>
	<p>Non-Preferred Brand</p>	<p>\$100</p>	<p>\$300</p>	<p>\$290</p>
	<p>Specialty co-insurance</p>	<p>33%</p>	<p>N/A</p>	<p>N/A</p>
	<p>After total yearly drug costs reach \$4,660, you pay \$0 for preferred generic; 25% coinsurance for generic drugs and brand name drugs until out-of-pocket drug expenses reach \$7,400. After that, you pay the greater of 5% coinsurance or \$4.15 copay for generic (including brand drugs treated at generic) and 10.35 all other drugs.</p>			
<p>Other Benefits/Options</p>	<p>Wellness: \$0 for basic Renew Active membership</p>		<p>Wellness: \$0 for basic Renew Active membership</p>	
	<p align="center">Optional Dental Package: Platinum Dental Rider at \$50 per month; Includes varying preventive and comprehensive services</p>			
<p>Medical Groups and Hospitals</p>	<p>Medical Groups: Brown & Toland, Hill Physicians East Bay; John Muir Alameda, Sutter/PAMF, certain Independent Physicians Hospitals: Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oak), St. Rose (Hayward), Stanford Valley Care (Pleas/Livermore), and Washington (Fremont)</p>		<p align="center">Any Out-of-Network Medicare Provider</p>	

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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 (\$226 in 2023). 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 and Boosters
- 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
- Shingles Vaccine
- 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 2023 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. Detailed information is available here:

<https://www.cms.gov/newsroom/fact-sheets/2023-medicare-advantage-and-part-d-star-ratings>