2024 Medicare Advantage Plan
PPO Comparison Chart ~ FINAL ~
for Alameda County

~ Rev. 11/02/23 ~

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 2024, there are 26 Medicare HMOs in Alameda County. See our **2024 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 2024, there are six Medicare PPOs in Alameda County, and they are listed on pages 2–7 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 2024, there are 17 Special Needs Plans in Alameda County. See our **2024 Special Needs Plan Comparison Chart** for more information and details: www.lashicap.org/hicap.

Enrollment:
In the fall of 2023, 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, 2024.** In 2024, 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 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: 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

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2024 MEDICARE PPO COMPARISON CHART FOR ALAMEDA COUNTY

<table>
<tr><td>Please contact thePlan for more information or call 1-800-Medicare</td><td colspan="2">Aetna Medicare
833-859-6031 (Sales & Marketing)
833-570-6670 (Member Services)
www.aetnamedicare.com</td></tr>
<tr><td>Plan Name</td><td colspan="2">Aetna Medicare Elite Plan
(PPO) (H5521-293)</td></tr>
<tr><td>Star Rating</td><td colspan="2">★★★★</td></tr>
<tr><td></td><td>In-Network</td><td>Out-of-Network</td></tr>
<tr><td>Annual OOP Max</td><td>$5,500*
$250 annual deductible applies to certain medical services</td><td>$8,950 (in and out of network combined)
*$250 annual deductible applies to certain out of network medical services</td></tr>
<tr><td>Monthly Premium</td><td colspan="2">$0</td></tr>
<tr><td>Doctor Visits</td><td>$0 copay for PCP;
$25 for Specialist</td><td>$10 copay for PCP; after deductible*
$50 copay for Specialist, after deductible*</td></tr>
<tr><td>Inpatient Hospital</td><td>$325 copay per day for days 1-4, after deductible*
$0 per day for days 5-90;
$0 per day for days 91 and beyond (unlimited)</td><td>45% coinsurance per stay, after deductible*</td></tr>
<tr><td>Outpatient Hospital</td><td>$295 copay per ambulatory surgical center visit and outpatient hospital visit, after deductible*</td><td>45% coinsurance for ambulatory surgical center visit and outpatient hospital facility visit, after deductible*</td></tr>
<tr><td>Skilled Nursing Facility</td><td>$10 per day for days 1-20;
$150 per day for days 21-100 after deductible*</td><td>34% coinsurance per stay, after deductible*</td></tr>
<tr><td>Ambulance</td><td>$285 copay per one way trip by ground or air</td><td>$285 copay per one way trip by ground or air, after deductible*</td></tr>
<tr><td>Emergency & Urgent Care</td><td colspan="2">$120 copay per ER visit; $40 per urgent care visit;
co-pay waived for ER visits only, if admitted to hospital;
$120 per emergency or urgent care visit worldwide</td></tr>
<tr><td>Lab Tests, Procedures, and Radiation Therapy</td><td>$0 for lab services, x-rays, diagnostic tests, and procedures; $200 copay for diagnostic radiology; 20% coinsurance for therapeutic radiology, after deductible*</td><td>$25 for lab services, after deductible*
45% coinsurance for outpatient x-rays, diagnostic tests and procedures, diagnostic radiology, and therapeutic radiology, after deductible*</td></tr>
<tr><td>Renal Dialysis</td><td>20% coinsurance per treatment, after deductible*</td><td>50% coinsurance per treatment, after deductible*</td></tr>
<tr><td>Outpatient Mental Health Visits</td><td>$40 copay per individual or group therapy session</td><td>45% coinsurance for individual or group therapy session, after plan deductible*</td></tr>
<tr><td>Eyewear</td><td colspan="2">$250 annual allowance for covered prescription eyewear</td></tr>
<tr><td>Eye Exams</td><td>$0 copay per diagnostic exam;
$0 copay for one annual routine exam</td><td>45% coinsurance per diagnostic exam;
45% for one annual routine exam, after deductible*</td></tr>
<tr><td>Hearing Aids</td><td colspan="2">$1,250 annual allowance per ear, for aids purchased through NationsHearing network provider</td></tr>
<tr><td>Hearing Exams</td><td>$0 copay per diagnostic exam;
$0 copay for one annual routine exam</td><td>45% coinsurance per diagnostic exam;
45% for one annual routine exam, after deductible*</td></tr>
<tr><td>Dental</td><td>$40 copay for Medicare covered visit;
$1,000 annual allowance for certain preventive and comprehensive services, through Aetna Dental PPO</td><td>45% coinsurance for Medicare-covered visit;
$1,000 annual allowance for certain preventive and comprehensive services, through Aetna Dental PPO</td></tr>
<tr><td>Chiropractic</td><td>$20 copay for Medicare covered visit</td><td>$45% for Medicare covered visit, after plan deductible*</td></tr>
<tr><td>Podiatry</td><td>$40 copay for Medicare-covered visit</td><td>45% coinsurance for Medicare-covered visit; after plan deductible*</td></tr>
<tr><td>Prescription Drugs (Outpatient)</td><td colspan="2">
<table>
<tr><td>Cost-sharing shown is for preferred network pharmacies</td><td>30 days retail</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>$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>33%</td><td>N/A</td><td>N/A</td></tr>
</table>
$0 deductible; after total yearly drug costs reach $5,030, 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 $8,000. After that, you pay $0.
</td></tr>
<tr><td>Supplemental Benefits and Options</td><td colspan="2">Meals: Up to 14 home-delivered meals over 7 days after an inpatient hospital or skilled nursing facility stay
OTC: $75 quarterly allowance for plan approved items through mail order or purchased at CVS stores
Wellness: $0 for basic Silver Sneakers membership</td></tr>
<tr><td>Medical Groups and Hospitals
(may not be full list; check with plan)</td><td>Medical Groups: Brown and Toland; Certain Independent Physicians
Hospitals: Alameda, Eden (CVally), Highland (Oak), San Leandro, St. Rose (Hay), Stanford Valley Care (Pleas/Liv), and Washington (Fremont)</td><td>Any Out-of-Network Medicare Provider</td></tr>
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Please contact the Plan for more information or call 1-800-Medicare	**Aetna Medicare** **833-859-6031 (Sales & Marketing)** **833-570-6670 (Member Services)** www.aetnamedicare.com	
Plan Name	**Aetna Medicare Eagle Plus Plan (PPO) (H5521-369)**	
Star Rating	★★★★	
	In-Network	**Out-of-Network**
Annual OOP Max	**$6,700**	**$9,500** (for in- and out-of-network combined)
Monthly Premium	**$0**	
Doctor Visits	**$0** copay for PCP; **$40** for Specialist	**50%** co-insurance for PCP and specialist
Inpatient Hospital	**$430** copay per day for days 1-4; **$0** per day for days 5-90; **$0** per day for additional days (unlimited)	**$550** per day, days 1-5; **$0** per day, days 6-90; **$0** per day for additional days (unlimited)
Outpatient Hospital	**$275** copay for ambulatory surgical center visit; **$350** copay for outpatient hospital service; **$450** per stay for outpatient hospital observation	**50%** co-insurance per stay
Skilled Nursing Facility	**$0** copay/day for days 1-20; **$150** per day for days 21-100	**45%** coinsurance per stay; up to 100 days
Ambulance	**$265** copay by ground or air one-way trip	
Emergency & Urgent Care	**$100** per ER visit; **$40** per urgent care visit; co-pays waived for ER visits only, if admitted to hospital; **$100** per emergency or urgent care visit worldwide	
Lab Tests, Procedures, and Radiation Therapy	**$0** copay for lab services, x-rays; **$10** copay for diagnostic tests, procedures; **$150** copay for diagnostic radiology; **20%** for therapeutic radiology	**50%** co-insurance for lab services; x-rays; diagnostic tests & procedures; diagnostic and therapeutic radiology
Renal Dialysis	**20%** co-insurance per treatment	**50%** co-insurance per treatment
Outpatient Mental Health Visits	**$40** copay per individual or group therapy session	**50%** co-insurance per individual or group therapy session
Eyewear	**$300** annual reimbursement for covered prescription eyewear	
Eye Exams	**$0** copay for diagnostic exam; **$0** copay for one annual routine exam	**50%** co-insurance for diagnostic exam; **50%** coinsurance for one annual routine exam
Hearing Aids	**$1,250** annual allowance per ear, for aids purchased through a NationsHearing network provider	
Hearing Exams	**$0** copay per diagnostic exam; **$0** copay for one annual routine exam	**50%** co-insurance per diagnostic exam; **50%** coinsurance for one annual routine exam
Dental	**$40** copay for Medicare covered visit; **$0** copay for certain preventive and comprehensive services; **$3,000** annual allowance; through Aetna Dental PPO	**50%** coinsurance for Medicare-covered visit; **20%** coinsurance for certain preventive and comprehensive services; **$3,000** annual allowance
Chiropractic	**$15** copay for Medicare covered visit	**50%** coinsurance for Medicare covered visit
Podiatry	**$40** copay for Medicare-covered visit	**50%** coinsurance for Medicare-covered visit
Prescription Drugs (Outpatient)	**THIS PLAN DOES NOT OFFER PRESCRIPTION DRUG COVERAGE.** **YOU CANNOT BELONG TO THIS PLAN AND ALSO ENROLL IN A STAND-ALONE MEDICARE PRESCRIPTION DRUG PLAN.**	
Supplemental Benefits and Options	**Meals:** Up to 14 home-delivered meals over 7 days after discharge from an inpatient acute hospital, inpatient psychiatric hospital, or skilled nursing facility stay **OTC: $105** quarterly allowance for plan approved items through mail order or purchased at CVS stores **Wellness: $0** for basic Silver Sneakers membership	
Medical Groups and Hospitals (may not be full list; check with plan)	**Medical Groups:** Brown and Toland; Certain Independent Physicians **Hospitals**: Alameda, Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), Highland (Oak), San Leandro, St. Rose (Hay), and Washington (Fremont)	**Any Out-of-Network Medicare Provider**

2024 MEDICARE PPO COMPARISON CHART FOR ALAMEDA COUNTY

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Plan Name	**Aetna Medicare Core Plan (PPO) (H5521-425)**	
Star Rating	★★★★	
	In-Network	**Out-of-Network**
Annual OOP Max	**$5,900**	**$8,950 (in and out of network combined)**
Monthly Premium	**$0**	
Doctor Visits	**$0** copay for PCP; **$30** for Specialist	**$10** copay for PCP; **$45** copay for Specialist
Inpatient Hospital	**$425** copay per day for days 1-4; **$0** per day for days 5-90, **$0** per day for days 91 and beyond (unlimited)	**45%** coinsurance per stay
Outpatient Hospital	**$325** for Ambulatory Surgical Center visit; **$325** for Outpatient Hospital visit	**45%** co-insurance for Ambulatory Surgical Center, **45%** for Outpatient Hospital visit
Skilled Nursing Facility	**$10** copay per day for days 1-20; **$150** per day for days 21-100	**38%** co-insurance per stay, up to 100 days
Ambulance	**$285** copay per one way trip by ground or air	
Emergency & Urgent Care	**$120** copay per ER visit; **$40** per urgent care visit; co-pays waived for ER visits if admitted to hospital; **$120** copay per emergency or urgent care visit outside of U.S.	
Lab Tests, Procedures, and Radiation Therapy	**$0** copay for lab services, x-rays, diagnostic tests, and procedures; **$200** copay for diagnostic radiology; **20%** coinsurance for therapeutic radiology	**$25** copay for lab services; **45%** for outpatient x-rays, diagnostic tests and procedures, diagnostic radiology, and therapeutic radiology
Renal Dialysis	**20%** co-insurance per treatment	**50%** co-insurance per treatment
Outpatient Mental Health Visits	**$40** copay per individual or group therapy session	**45%** co-insurance for individual or group therapy session
Eyewear	**$360** annual allowance for covered prescription eyewear	
Eye Exams	**$0** copay per diagnostic exam; **$0** copay for one annual routine exam	**45%** co-insurance per diagnostic exam; **45%** co-insurance for one annual routine exam
Hearing Aids	**$1,250** annual allowance per ear, for aids purchased through NationsHearing	
Hearing Exams	**$0** copay per diagnostic exam; **$0** copay for one annual routine exam	**45%** co-insurance per diagnostic exam; **45%** co-insurance for one annual routine exam
Dental	**$40** copay for Medicare covered visit; **$1,500** annual allowance for certain preventive and comprehensive services; through Aetna Dental PPO	**45%** coinsurance for Medicare-covered visit; **$1,500** annual allowance for certain preventive and comprehensive services; through Aetna Dental PPO
Chiropractic	**$20** copay for Medicare covered visit	**$45%** for Medicare covered visit
Podiatry	**$40** copay for Medicare-covered visit	**45%** co-insurance for Medicare-covered visit
Prescription Drugs (Outpatient)	*Cost-sharing shown is for preferred network pharmacies* / 30 days retail / 100 days retail / 100 days mail order Preferred Generic: **$0** / **$0** / **$0** Generic: **$10** / **$30** / **$10** Preferred Brand: **20%** / **20%** / **20%** Non-Preferred Brand: **50%** / **50%** / **50%** Specialty co-insurance: **33%** / **N/A** / **N/A** **$0** deductible; **after total yearly drug costs reach $5,030**, you pay **$0** for Tier 1 and **$10** for Tier 2 drugs and no more than **25%** of the plan's cost for brand name drugs until out-of-pocket drug expenses reach **$8,000.** After that, you pay **$0**.	
Supplemental Benefits and Options	**OTC: $75** quarterly allowance for plan approved items through mail order or purchased at CVS stores **Wellness: $0** for basic Silver Sneakers membership	
Medical Groups and Hospitals (may not be full list; check with plan)	**Medical Groups:** Brown and Toland; Certain Independent Physicians **Hospitals**: Alameda, Alta Bates/Summit (Berk/Oak), Eden (C. Valley), Highland (Oak), San Leandro, St. Rose (Hay), and Washington (Fremont)	**Any Out-of-Network Medicare Provider**

Please contact the Plan for more information or call 1-800-Medicare	**Blue Shield of California** **888-534-4263 (Sales & Marketing)** **800-776-4466 (Member Services)** www.blueshieldca.com/medicare	
Plan Name	**Blue Shield Select (PPO) (H4937-001)**	
Star Rating	★★★1/2	
	In-Network	**Out-of-Network**
Annual OOP Max	**$6,400**	**$11,000*** (for in- and out-of-network combined) ***$750** annual deductible applies to **ALL** out of network medical services.
Monthly Premium	**$57**	
Doctor Visits	**$5** copay for PCP; **$20** for Specialist	**40%** co-insurance for PCP and Specialist
Inpatient Hospital	**$200** copay per day for days 1-7; **$0** for days 8 and over;	**30%** co-insurance
Outpatient Hospital	**$100** copay for ambulatory surgical center visit; **$250** for outpatient hospital facility visit	**40%** co-insurance
Skilled Nursing Facility	**$0** copay/day for days 1-20; **$178** per day for days 21-100	**40%** co-insurance
Ambulance	**$250** copay per Medicare covered trip by ground; **20%** copay per Medicare covered trip by air	**$250** copay per Medicare covered trip by ground; **20%** copay per Medicare covered trip by air
Emergency & Urgent Care	**$100** copay per emergency room visit; **$5** per urgent care visit; Waived if admitted to hospital within 24 hours**;** **$100** copay per emergency or urgent care visit outside the U.S.; Worldwide coverage	
Lab Tests, Procedures, and Radiation Therapy	**$0** copay for lab services, diagnostic tests and procedures, and x-rays; **$75** for diagnostic radiology; **20%** co-insurance for therapeutic radiology	**40%** co-insurance
Renal Dialysis	**20%** co-insurance per treatment	**40%** co-insurance per treatment
Outpatient Mental Health Visits	**$35** copay per visit per individual or group session	**40%** co-insurance
Eyewear	**$250** allowance for one pair of eyeglass frames every 24 months; **$250** allowance for one pair of prescription eyeglasses or contact lenses every 12 months with network provider	**$30** allowance for one pair of eyeglass frames every 24 months; **$35** allowance for one pair of eyeglass lenses or contact lenses every 12 months
Eye Exams	**$20** copay for each Medicare covered visit; **$0** copay for one annual routine exam	**40%** coinsurance for Medicare covered exam; **$30** reimbursement for one annual routine exam
Hearing Aids	Up to **$1,000** reimbursement every two years for evaluation, fitting and hearing aids	
Hearing Exams	**$0** copay for Medicare covered exam; **$0** copay for non-Medicare covered exam	**40%** co-insurance
Dental	**$5** copay for Medicare covered visit; **$0** for basic preventative services performed by **$20** copay if performed by a specialist	**40%** coinsurance for Medicare covered visit; **20%** for basic preventative services
Chiropractic	**$25** copay per Medicare-covered visit**;** **$0** copay/visit for 12 routine visits per year	**40%** co-insurance per Medicare covered visit**;** **40%** co-insurance per routine visit, up to 12/year
Podiatry	**$25** copay per Medicare-covered visit	**40%** co-insurance per Medicare covered visit
Prescription Drugs (Outpatient)	*Cost-sharing shown is for preferred network pharmacies* / 30 days retail / 90 days retail / 100 days mail order Preferred Generic: **$0** / **$0** / **$0** Generic: **$5** / **$7.50** / **N/A** Preferred Brand: **$40** / **$100** / **N/A** Non-Preferred Brand: **$95** / **$237.50** / **N/A** Specialty co-insurance: **33%** / **N/A** / **N/A** **After total yearly drug costs reach $5,030**, you pay **$0** for preferred generic and generic drugs; and no more than **25%** of the price (plus a portion of the dispensing fee) for brand name drugs and for non-preferred until out-of-pocket drug expenses reach **$8,000.** After that, you pay **$0**.	
Supplemental Benefits and Options	**Mobility: $0** copay for annual AAA Membership for members with qualifying chronic conditions **Over the Counter: $60** quarterly allowance **(two orders per quarter)** for items in OTC catalogue. **Wellness: $0** for basic Silver Sneakers membership	
	Optional Dental Package: Dental PPO at **$45** per month**;** up to **$1,500** annually for covered preventive and comprehensive services, **$50** deductible for comprehensive services; varying copays apply	
Medical Groups and Hospitals (may not be full list; check with plan)	**Medical Groups:** Brown & Toland, Hill Physicians East Bay **Hospitals**: Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oak), San Leandro, Stanford Valley Care (Pleas/Liv), and Washington (Fremont)	**Any Out-of-Network Medicare Provider**

Please contact the Plan for more information or call 1-800-Medicare	**United Health Care** **844-723-6473 (Sales and Marketing)** **866-261-7709 (Member Services)** www.aarpmedicareplans.com	
Plan Name	**AARP Medicare Advantage from UHC CA-0023 (PPO) (H0294-031)**	
Star Rating	★★★1/2	
	In-Network	**Out-of-Network**
Annual OOP Max	**$5,900**	**$8,700**
Monthly Premium	**$44**	
Doctor Visits	**$0** copay for PCP; **$35** for Specialist	**$0** copay for PCP; **$50** for Specialist
Inpatient Hospital	**$325** copay per day for days 1-6; **$0** copay per day for days 7 and beyond;	**$500** copay per days 1-17; **$0** copay per day for days 18 and beyond
Outpatient Hospital	**$250** copay for ambulatory surgical center visit; **$300** per outpatient hospital facility visit	**$500** copay for ambulatory surgical center visit; **$500** per outpatient hospital facility visit
Skilled Nursing Facility	**$0** copay per day for days 1-20; **$203** per day for days 21-100	**$225** copay per day for days 1-39; **$0** per day for days 40-100
Ambulance	**$290** copay for ground or air ambulance trip	
Emergency & Urgent Care	**$120** 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	
Lab Tests, Procedures, and Radiation Therapy	**$0** copay for lab services; **$50** copay for diagnostic tests, procedures; **$25** copay per service for x-rays; **$250** copay per service for diagnostic radiology; **$60** copay per service for therapeutic radiology	**$0** copay for lab services; **$70** copay for diagnostic tests, procedures; **$30** copay per service for x-rays; **$350** copay per service for diagnostic radiology; **$150** copay per service for therapeutic radiology
Renal Dialysis	**20%** co-insurance per treatment	**20%** co-insurance per treatment
Outpatient Mental Health Visits	**$25** copay per visit for individual therapy; **$15** copay per visit for group therapy visit	**$40** copay per visit for individual therapy; **$30** copay per visit for group therapy visit
Eyewear	**$0** copay for standard lenses each year; **$100** annual allowance for frames through UnitedHealthcare Vision	
Eye Exams	**$0** copay per diagnostic exam; **$0** co-pay for one annual routine exam	**$50** copay per diagnostic exam; **$50** co-pay for one annual routine exam
Hearing Aids	**$99-$1,249** copay per hearing aid, up to two hearing aids every year, through United Healthcare Hearing	
Hearing Exams	**$0** copay per diagnostic exam; **$0** copay for one annual routine exam	**$50** copay per diagnostic exam; **$50** copay for one annual routine exam
Dental	**20%** coinsurance for Medicare covered visit; **$0** copay for certain preventive services; See Optional Benefits Package below	**40%** coinsurance for Medicare covered visit; **$0** copay for certain preventive services; See Optional Benefits Package below
Chiropractic	**$15** copay for Medicare covered services	**$50** copay for Medicare covered services
Podiatry	**$35** copay for up to 6 routine visits per year	**$50** copay for up to 6 routine visits per year
Prescription Drugs (Outpatient)	*Cost-sharing shown is for preferred network pharmacies* / 30 days retail / 100 days retail / 100 days mail order Preferred Generic: **$0** / **$0** / **$0** Generic: **$10** / **$30** / **$0** Preferred Brand: **$47** / **$141** / **$131** Non-Preferred Brand: **$100** / **$300** / **$290** Specialty co-insurance: **33%** / **N/A** / **N/A** **After total yearly drug costs reach $5,030**, you pay **$0** for preferred generic; **25%** coinsurance for generic drugs and brand name drugs until out-of-pocket drug expenses reach **$8,000.** After that, you pay **$0**.	
Supplemental Benefits and Options	**Wellness: $0** for basic Renew Active membership **Optional Dental Package:** Platinum Dental Rider at **$56** per month**; $1,500** annual allowance with varying copays for certain preventive and comprehensive services, through UHC Dental	
Medical Groups and Hospitals (may not be full list; check with plan)	**Medical Groups:** Alameda Health System; One Medical; PAMF/Sutter East Bay, Certain Independent Physicians **Hospitals**: Alameda, Alta Bates/Summit; Eden (Castro Valley), Highland (Oak), San Leandro, St. Rose (Hayward), Washington (Fremont)	**Any Out-of-Network Medicare Provider**

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866-261-7709 (Member Services)
www.aarpmedicareplans.com</td></tr>
<tr><td>Plan Name</td><td colspan="2">AARP Medicare Advantage from UHC CA-0032 (PPO) (H0294-040)</td></tr>
<tr><td>Star Rating</td><td colspan="2">★★★1/2</td></tr>
<tr><td></td><td>In-Network</td><td>Out-of-Network</td></tr>
<tr><td>Annual OOP Max</td><td>$6,700*
$400 annual deductible applies to all medical services</td><td>$10,000
*$400 annual deductible applies to all out of network medical services</td></tr>
<tr><td>Monthly Premium</td><td colspan="2">$0</td></tr>
<tr><td>Doctor Visits</td><td>$0 copay for PCP;
$45 for Specialist</td><td>$0 copay for PCP;
$65 for Specialist</td></tr>
<tr><td>Inpatient Hospital</td><td>$300 copay per day for days 1-4;
$0 for days 5 and beyond;</td><td>$500 copay per day for days 1-20;
$0 for days 21 and beyond</td></tr>
<tr><td>Outpatient Hospital</td><td>$250 copay for ambulatory surgical center visit;
$300 for outpatient hospital facility visit</td><td>$500 copay for ambulatory surgical center visit;
$500 for outpatient hospital facility visit</td></tr>
<tr><td>Skilled Nursing Facility</td><td>$0 copay per day for days 1-20;
$203 per day for days 21-100</td><td>$225 copay per day for days 1-45;
$0 copay per day for days 46-100</td></tr>
<tr><td>Ambulance</td><td colspan="2">$290 copay per ground or air ambulance trip</td></tr>
<tr><td>Emergency & Urgent Care</td><td colspan="2">$100 copay for emergency room visit; waived if admitted to hospital within 24 hours;
$40 copay for urgent care visit;
$0 per emergency or urgent care visit outside the United States</td></tr>
<tr><td>Lab Tests, Procedures, and Radiation Therapy</td><td>$0 copay for lab services;
$50 copay for diagnostic tests and procedures;
$15 copay for x-rays;
$115 copay for diagnostic radiology;
$60 copay for therapeutic radiology treatment</td><td>$0 copay for lab services;
$70 copay for diagnostic tests and procedures;
$30 copay for x-rays;
$300 copay for diagnostic radiology;
$150 copay per therapeutic radiology treatment</td></tr>
<tr><td>Renal Dialysis</td><td colspan="2">20% co-insurance per treatment</td></tr>
<tr><td>Outpatient Mental Health Visits</td><td>$25 copay for individual therapy visit;
$15 copay for group therapy visit</td><td>$40 copay for individual therapy visit;
$30 copay for group therapy visit</td></tr>
<tr><td>Eyewear</td><td colspan="2">$0 copay for standard lenses each year; $250 annual allowance for frames through UnitedHealthcare Vision</td></tr>
<tr><td>Eye Exams</td><td>$0 copay for diagnostic exam;
$0 copay for one annual routine exam</td><td>$65 copay for diagnostic exam;
$65 copay for one annual routine exam</td></tr>
<tr><td>Hearing Aids</td><td colspan="2">$99-$1,249 copay for each hearing aid, up to 2 aids every year, through UnitedHealthcare Hearing</td></tr>
<tr><td>Hearing Exams</td><td>$0 copay for diagnostic exam;
$0 copay for one annual routine exam</td><td>$65 copay for diagnostic exam;
$65 copay for one annual routine exam</td></tr>
<tr><td>Dental</td><td>20% coinsurance for Medicare covered visit;
See Optional Benefits Package below</td><td>40% coinsurance for Medicare covered visit;
See Optional Benefits Package below</td></tr>
<tr><td>Chiropractic</td><td>$15 copay per Medicare-covered visit</td><td>$65 copay per Medicare-covered visit</td></tr>
<tr><td>Podiatry</td><td>$45 copay for 6 routine visits per year, combined with out-of-network</td><td>$65 copay for 6 visits per year, combined with in-network</td></tr>
<tr><td>Prescription Drugs (Outpatient)</td><td colspan="2">
<table>
<tr><td>Cost-sharing shown is for preferred network pharmacies</td><td>30 days retail</td><td>100 days retail</td><td>100 days mail order</td></tr>
<tr><td>Preferred Generic</td><td>$0</td><td>$0</td><td>$0</td></tr>
<tr><td>Generic</td><td>$12</td><td>$36</td><td>$0</td></tr>
<tr><td>Preferred Brand</td><td>$47</td><td>$141</td><td>$131</td></tr>
<tr><td>Non-Preferred Brand</td><td>$100</td><td>$300</td><td>$290</td></tr>
<tr><td>Specialty co-insurance</td><td>33%</td><td>N/A</td><td>N/A</td></tr>
</table>
After total yearly drug costs reach $5,030, you pay $0 for preferred generic and no more than 25% of the plan's cost for brand name drugs and 25% for generics until out-of-pocket drug expenses reach $8,000. After that, you pay $0.
</td></tr>
<tr><td rowspan="2">Supplemental Benefits and Options</td><td>Wellness: $0 for basic Renew Active membership</td><td>Wellness: $0 for basic Renew Active membership</td></tr>
<tr><td colspan="2">Optional Dental Package: Platinum Dental Rider at $62 per month; $1,500 annual allowance with varying copays for certain preventive and comprehensive services, through UHC Dental</td></tr>
<tr><td>Medical Groups and Hospitals
(may not be full list; check with plan)</td><td>Medical Groups: Alameda Health System; One Medical; PAMF/Sutter East Bay, Certain Independent Physicians
Hospitals: Alameda, Alta Bates/Summit; Eden (Castro Valley), Highland (Oak), San Leandro, St. Rose (Hayward), Washington (Fremont)</td><td>Any Out-of-Network Medicare Provider</td></tr>
</table>

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 ($240 in 2024). 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 & Counseling: one screening per year and up to 22 counseling sessions/year
- RSV (Respiratory Syncytial Virus) Vaccine: one 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 2024 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/files/document/101323-fact-sheet-2024-medicare-advantage-and-part-d-ratings.pdf