

2025 Medicare Advantage Special Needs Plan (SNP) ~ Final ~ Comparison Chart for Alameda County

~ Rev 11/13/24 ~

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. See our 2025 HMO 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. See our 2025 PPO Comparison Chart for more information and details: www.lashicap.org/hicap.

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 2025, there are 19 Special Needs Plans in Alameda County.** Five 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. **NOTE: Four out of five D-SNPs are closed to enrollment in 2025 due to low ratings or incomplete data.** Another type of Special Needs Plan is for people with specific chronic or disabling conditions, such as diabetes, dementia, or cardiovascular disorders. It is called a **C-SNP** and certain cost-sharing applies. In 2025, there are 12 C-SNPs in Alameda County. The third type of 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 an **I-SNP** and certain cost-sharing applies. In 2025, there are two I-SNPs in Alameda County.

Enrollment:

In the fall of 2024, 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, 2025.** In 2025, 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.

IMPORTANT NOTE: In 2025, Medicare Part D out of pocket costs for covered medications under one's plan are capped at \$2,000. Also, plans cannot charge more than a \$35 copay per month for insulin and any drug deductibles do not apply to insulin.

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 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



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2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs

<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	Anthem Blue Cross 844-309-6996 (Sales & Marketing) 833-707-3130 (Member Services) www.shop.anthem.com/medicare/ca
Plan Name/Type	Aetna Medicare Preferred D-SNP (H4982-008) / For People with Medicare and FULL Medi-Cal	Anthem Dual Advantage D-SNP (H4471-007) / For People with Medicare and FULL Medi-Cal
Star Rating	★★1/2 Plan suppressed by Medicare; CLOSED to enrollment due to low ratings or incomplete data	Plan too new to be measured Plan suppressed by Medicare; CLOSED to enrollment due to low ratings or incomplete data
Annual OOP Max	\$9,350	\$9,350
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	\$0 per day for days 1 - 150
Outpatient Hospital	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit
Skilled Nursing Facility	\$0 per day; 100 days per benefit period	\$0 copay per day for days 1 - 100
Ambulance	\$0 copay per trip by ground or air	\$0 copay per trip by ground or air
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage: “some coverage” per Medicare.gov	\$0 copay per ER or urgent care visit; Worldwide coverage: \$0 copay; \$100,000 annual limit
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service
Renal Dialysis	\$0 co-insurance per treatment	\$0 co-insurance per treatment
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session	\$0 copay for individual or group therapy session
Eyewear	“Some coverage” per Medicare.gov	\$300 annual allowance for eyewear
Eye Exams	\$0 copay 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	“Some coverage” per Medicare.gov	\$3,000 annual allowance
Hearing Exams	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 co-pay per Medicare-covered exam; \$0 copay for one annual routine exam
Dental	\$0 copay for limited preventive and comprehensive services; through Liberty Dental network	\$0 copay for Medicare covered visit; \$1,400 annual allowance for certain preventive and comprehensive services
Chiropractic	\$0 copay per Medicare covered visit; Routine visits: “Some coverage” per Medicare.gov	\$0 co-pay per Medicare covered visit; \$0 copay for 12 routine visits per year
Podiatry	\$0 copay per Medicare covered visit; Routine visits: “Some coverage” per Medicare.gov	\$0 co-pay per Medicare covered visit; \$0 copay for unlimited 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	\$0 deductible; \$0 copay for 30-, 60-, or 100-day supply of all covered drugs; specialty drugs have 30 day limit
Supplemental Benefits and Optional Plans	Acupuncture: Routine visits: “Some coverage” per Medicare.gov Extra Benefits Card: “Some coverage” per Medicare.gov Over the Counter (OTC): “Some coverage” per Medicare.gov Transportation: \$0 copay/trip; “Some coverage” per Medicare.gov Wellness: \$0 for Silver Sneakers gym membership	Acupuncture: \$0 copay per visit for unlimited routine visits per year Community Resource Support: Referrals and coordination for community services Meals: \$0 copay for 2 meals per day for 5 days following inpatient hospital or SNF stay Options Allowance: \$70 monthly allowance for assistive devices, eligible food items, OTC products, and utilities Transportation: \$0 copay/trip for 48 trips per year to plan-approved locations within 60 miles Wellness: \$0 for Silver Sneakers gym membership; one fitness tracker every other year
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland, One Medical Hospitals: Alameda, Alta Bates/Summit Med Ctr, (Berk/Oak), Highland (Oak), Eden (Castro Valley), St. Rose (Hayward), San Leandro, Stanford Valley Care (Pleasant/Liv), and Washington Hospital (Fremont)	Medical Groups: Brown & Toland; Hill Physicians East Bay, Imperial Health Holdings, Nivano Physicians Hospitals: Alta Bates/Summit (Berk/Oak), Eden (Castro Valley), St. Rose, (Hayward), Stanford Valley Care (Pleasant/Liv), Washington (Fremont)

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Central Health Medicare 1-866-314-2427 (Sales & Marketing) 1-866-314-2427 (Member Services) www.centralhealthplan.com	Imperial Health Plan of CA 1-800-838-8271 (Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com
Plan Name/Type	Centra Health Dual Access D-SNP (H5649-024) / For People with Medicare and FULL Medi-Cal	Imperial Dual Plan D-SNP (H5496-011) / For People with Medicare and FULL Medi-Cal
Star Rating	★★1/2 Plan suppressed by Medicare; CLOSED to enrollment due to low ratings or incomplete data	★★★1/2 Plan suppressed by Medicare; CLOSED to enrollment due to low ratings or incomplete data
Annual OOP Max	\$9,350	\$2,999
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 stay	\$0 copay/day for days 1 - 150
Outpatient Hospital	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit
Skilled Nursing Facility	\$0 copay per day for days 1 - 100	\$0 copay for days 1 - 100
Ambulance	\$0 copay per trip by ground or air	\$0 copay per trip by ground or air
Emergency & Urgent Care	\$0 copay per ER or urgent care visit; Worldwide coverage: \$110 copay for emergency or urgent care visit; \$50,000 limit	\$0 copay per emergency room or urgent care visit; Worldwide coverage: \$0 copay; \$100,000 limit
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service	\$0 copay per service
Renal Dialysis	\$0 coinsurance per treatment	\$0 copay per treatment
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session	\$0 copay per individual or group therapy session
Eyewear	\$300 annual allowance for eyewear	\$500 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 co-pay for routine exams
Hearing Aids	Not covered; refer to Medi-Cal benefits	\$2,500 annual allowance
Hearing Exams	\$0 co-pay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay for Medicare-covered exam; \$0 copay for routine exams
Dental	\$0 copay for Medicare covered visit; Routine dental not covered; refer to Medi-Cal benefits	\$0 copay for Medicare covered visit; \$0 co-pay for preventive services; \$500 coverage limit per year; \$0 co-pay for comprehensive services; \$1,500 coverage limit per year
Chiropractic	\$0 co-pay per Medicare covered visit; \$0 copay for 30 routine visits per year, combined with acupuncture	\$0 co-pay per Medicare-covered visit
Podiatry	\$0 co-pay per Medicare covered visit	\$0 copay per Medicare-covered visit; \$0 copay for 6 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	\$0 deductible: Depending on your income, you pay the following: Generics: \$0 to \$4.90 Brand Name Drugs: \$4.90 to \$12.15 After annual drug costs reach \$2,000, you pay \$0.
Supplemental Benefits and Optional Plans	Acupuncture: \$0 copay for 30 routine visits per year, combined with chiropractic Groceries: \$50 monthly allowance for healthy foods for those w/qualifying chronic conditions In-Home Support Services: \$0 copay for 20 hours per year for those with qualify chronic cond Meals: \$0 copay per meal for 14 meals/month for those with qualifying chronic conditions Over the Counter (OTC): \$150 quarterly allowance for plan approved items, including OTC hearing aids Scales: \$0 copay for those with qualifying chronic conditions Transportation: \$0 copay/trip for 24 one-way trips/year to plan approved locations w/in 50 miles Wellness: \$0 for Silver Sneakers gym membership	Groceries: \$460 quarterly allowance for those with qualifying chronic conditions In-Home Support Services: \$0 copay for up to 60 hours per year for help with shopping, care reminders, light housekeeping, and transportation 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): \$140 quarterly allowance for items in plan's OTC mail order catalog; no rollover Transportation: \$0 copay for 100 one-way trips to plan approved locations Wellness: \$0 for one Silver&Fit at-home fitness kit per year
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Hill Physicians East Bay Hospitals: Eden (Castro Valley) and Washington (Fremont)	Medical Groups: Imperial Health Holdings, MedCare Partners IPA, Nivano Physicians, Physician Partners IPA Hospitals: Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley), San Leandro, and St. Rose (Hayward)

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs

<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.healthy.kaiserpermanente.org
Plan Name/Type	Kaiser Dual Complete North P4 D-SNP (H8794-004) For People with Medicare and FULL Medi-Cal
Star Rating	Plan too new to be measured
Annual OOP Max	\$9,350
Monthly Premium	\$0
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist
Inpatient Hospital	\$0 per day; Unlimited days per benefit period
Outpatient Hospital	\$0 copay per ambulatory surgical center visit; \$0 copay per outpatient hospital visit
Skilled Nursing Facility	\$0 copay per day; 100 days per benefit period
Ambulance	\$0 copay per trip by ground or air
Emergency & Urgent Care	\$0 copay per emergency room or urgent care visit; Worldwide coverage
Lab Tests, Procedures, and Radiation Therapy	\$0 copay per service
Renal Dialysis	\$0 copay per treatment
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session
Eyewear	\$350 annual allowance for eyewear
Eye Exams	\$0 copay per Medicare-covered exam; \$0 copay for routine exams
Hearing Aids	Not Covered; refer to Medi-Cal benefits
Hearing Exams	\$0 co-pay per Medicare-covered exam
Dental	\$0 copay for Medicare covered visit; Routine dental not covered; refer to Medi-Cal benefits
Chiropractic	\$0 co-pay per Medicare covered visit
Podiatry	\$0 co-pay per Medicare covered visit
Prescription Drugs (Outpatient)	\$0 deductible: Depending on your income, you pay the following: Generics: \$0 to \$4.90 Brand Name Drugs: \$4.90 to \$12.15 After total yearly drug costs reach \$2,000, you pay \$0.
Supplemental Benefits and Optional Plans	Over the Counter (OTC): \$140 quarterly allowance for items in OTC catalogue; each order must be at least \$25 Wellness: \$0 copay for One Pass fitness program, including gym membership
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Kaiser Permanente Hospitals: Kaiser Oakland, San Leandro, Fremont

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

Please contact the Plan for more information or call 1-800-Medicare	Alignment Health Plan 888-979-2247 (Sales &Marketing) 866-634-2247 (Member Services) www.alignmenthealthplan.com			
Plan Name/Type	Alignment Health BreathEasy C-SNP (H3815-041) For People with Chronic Lung Disorders		Alignment Health Clarity C-SNP (H3815-042) / For People with Chronic Disabling Mental Disorders	
Star Rating	★★★★		★★★★	
Annual OOP Max	\$8,850		\$8,850	
Monthly Premium	\$18.10		\$24.10	
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist		\$0 for Primary Care Physician; \$0 for Specialist	
Inpatient Hospital	\$1,676 deductible; \$0 copay/day for days 1-60; \$419 copay/day for days 61-90; \$838 copay/day for days 91-150; all costs for additional days		\$1,676 deductible; \$0 copay/day for days 1-60; \$419 copay/day for days 61-90; \$838 copay/day for days 91-150; all costs for additional days	
Outpatient Hospital	20% coinsurance per ambulatory surgical center and outpatient hospital visit		20% coinsurance per ambulatory surgical center and outpatient hospital visit	
Skilled Nursing Facility	\$0 copay/day for days 1-20; \$209.50 copay/day for days 21-100		\$0 copay/day for days 1-20; \$209.50 copay/day for days 21-100	
Ambulance	20% coinsurance per trip by ground or air		20% coinsurance per trip by ground or air	
Emergency & Urgent Care	20% coinsurance per ER visit; waived if admitted to hospital within 48 hours; \$0 per urgent care visit; Worldwide coverage: \$25,000 annual limit for ER/urgent care with \$75 copays		20% coinsurance per ER visit; waived if admitted to hospital within 48 hours; \$0 per urgent care visit; Worldwide coverage: \$25,000 annual limit for ER/urgent care with \$0 copays	
Lab Tests, Procedures, and Radiation Therapy	20% coinsurance for lab svcs and diagnostic tests and procedures; \$0 copay for x-rays and diagnostic radiology; 20% coinsurance for therapeutic radiology		20% coinsurance for lab services and diagnostic tests and procedures; \$0 copay for x-rays and diagnostic radiology; 20% coinsurance for therapeutic radiology	
Renal Dialysis	20% coinsurance per treatment		20% co-insurance per treatment	
Outpatient Mental Health Visits	20% coinsurance for individual or group therapy session		20% coinsurance for individual or group therapy session	
Eyewear	\$500 allowance for eyewear every two years		\$500 allowance for eyewear every two years	
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	\$0 copay for up to 2 hearing aids each year		\$0 copay for up to 2 hearing aids each year	
Hearing 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	
Dental	20% coinsurance per Medicare covered visit; \$0 copay for certain preventive, diagnostic and comprehensive services; \$500 quarterly allowance		20% coinsurance per Medicare covered visit; \$0 copay for certain preventive, diagnostic and comprehensive services; \$500 quarterly allowance	
Chiropractic	\$0 copay per Medicare covered visit; \$0 copay for 24 routine visits each year, combined with acupuncture		\$0 copay per Medicare covered visit; \$0 copay for 24 routine visits each year, combined with acupuncture	
Podiatry	\$0 copay per Medicare-covered visit		\$0 copay per Medicare-covered visit	
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i> 30 days retail 100 days retail 100 days mail		<i>Cost-sharing shown is for preferred pharmacies</i> 30 days retail 100 days retail 100 days mail	
	Preferred Generic	25% 25% 25%	Preferred Generic	25% 25% 25%
	Generic	25% 25% 25%	Generic	25% 25% 25%
	Preferred Brand	25% 25% 25%	Preferred Brand	25% 25% 25%
	Non-Preferred Brand	25% 25% 25%	Non-Preferred Brand	25% 25% 25%
	Specialty co-insurance	25% N/A N/A	Specialty co-insurance	25% N/A N/A
	\$590 deductible; after total yearly drug costs reach \$2,000, you pay \$0.		\$590 deductible; after total yearly drug costs reach \$2,000, you pay \$0.	
Supplemental Benefits and Optional Plans	Acupuncture: \$0 copay per visit for 24 routine visits per year, combined with chiropractic visits In-Home Support Services: \$0 copay for 12 hours per quarter OR \$300 annual caregiver reimbursement Meals: \$0 copay for 28 meals over 14 days for those with qualifying chronic conditions Over the Counter: \$135 monthly allowance for eligible items; no rollover Part B Premium Rebate: \$5 per month Pet Services: \$0 copay for 7 boarding days or 14 walks/year for those w/qualifying chronic conditions Pest Control: \$0 copay for 1 service per year for those with qualifying chronic conditions Transportation: \$0 copay 50 trips per year to plan-approved locations within 50 miles Wellness: \$0 copay for basic gym membership at participating fitness centers		Acupuncture: \$0 copay per visit for 24 routine visits per year, combined with chiropractic visits In-Home Support Services: \$0 copay for 12 hours per quarter OR \$300 annual caregiver reimbursement Meals: \$0 copay for 28 meals over 14 days for those with qualifying chronic conditions Over the Counter: \$135 monthly allowance for eligible items; no rollover Part B Premium Rebate: \$5 per month Pet Services: \$0 copay for 7 boarding days or 14 walks/year for those w/qualifying chronic conditions Pest Control: \$0 copay for 1 service per year for those with qualifying chronic conditions Transportation: \$0 copay 50 trips per year to plan-approved locations within 50 miles Wellness: \$0 copay for basic gym membership at participating fitness centers	
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland, Nivano IPA Hospitals: Alameda; Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)		Medical Groups: Brown & Toland, Nivano IPA Hospitals: Alameda; Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)	

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center">Alignment Health Plan 888-979-2247 (Sales &Marketing) 866-634-2247 (Member Services) www.alignmenthealthplan.com</p>								
Plan Name/Type	Alignment Health Heart & Diabetes C-SNP (H3815-010) / For People with Cardiovascular Disorders, Chronic Heart Failure and/or Diabetes					Alignment Health Heart & Diabetes CalPlus C-SNP (H3815-039) / For People with Cardiovascular Disorders, Chronic Heart Failure and/or Diabetes			
Star Rating	★★★★					★★★★			
Annual OOP Max	\$790					\$7,350			
Monthly Premium	\$0					\$29.70			
Doctor Visits	\$0 copay for PCP; \$0 copay for Specialist					\$0 copay for PCP; \$0 copay for Specialist			
Inpatient Hospital	\$0 copay for unlimited days per admission					\$275 copay/day for days 1-6; \$0 copay for days 7-90 and beyond			
Outpatient Hospital	\$0 copay per ambulatory surgical center or outpatient hospital facility visit					20% coinsurance per ambulatory surgical center or outpatient hospital facility visit			
Skilled Nursing Facility	\$0 copay for days 1-31; \$50 copay/day for days 32-100					\$0 copay/day for days 1-20; \$204 copay/day for days 21-100			
Ambulance	\$100 copay per trip by ground; \$125 per trip by air; waived if admitted to hospital					20% coinsurance per trip by ground or air; not waived if admitted to hospital			
Emergency & Urgent Care	\$20 copay per ER visit; waived if admitted to hospital within 48 hours; \$0 per urgent care visit; Worldwide Coverage ; \$0 copay; limit \$25,000 /year					20% coinsurance per ER visit; waived if admitted to hospital within 48 hours; \$0 per urgent care visit; Worldwide Coverage ; \$75 copay; limit \$25,000 /year			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, x-rays, diagnostic tests and procedures, diagnostic radiology, and therapeutic radiology					20% coinsurance for lab services and diagnostic tests and procedures; \$0 copay for x-rays and diagnostic radiology; 20% coinsurance for therapeutic radiology			
Renal Dialysis	20% co-insurance per treatment					20% co-insurance per treatment			
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session					20% coinsurance per individual or group therapy session			
Eyewear	\$200 annual allowance for eyewear					\$500 allowance for eyewear every two years			
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	Not covered					\$0 copay for 2 hearing aids each year			
Hearing Exams	\$0 co-pay per Medicare-covered exam \$0 for one annual routine exam					\$0 co-pay per Medicare-covered exam; \$0 for one annual routine exam			
Dental	\$0 copay per Medicare covered visit; \$10-\$30 copays for certain preventive & diagnostic services; \$15-\$570 copays for certain comprehensive services					\$0 copay per Medicare covered visit; \$10-\$30 copays for certain preventive svcs; \$15-\$570 copays for certain comprehensive svcs; \$500 quarterly limit			
Chiropractic	\$0 copay per Medicare covered visit					\$0 copay per Medicare covered visit; \$0 copay for 12 routine visits per year, combined with acupuncture			
Podiatry	\$0 copay per Medicare covered visit; \$0 copay for 12 routine visits each year					\$0 copay per Medicare covered visit			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail		<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0		Preferred Generic	25%	25%	25%
	Generic	\$0	\$0	\$0		Generic	25%	25%	25%
	Preferred Brand	\$30	\$90	\$75		Preferred Brand	25%	25%	25%
	Non-Preferred Brand	\$100	\$300	\$300		Non-Preferred Brand	25%	25%	25%
	Specialty co-insurance	33%	N/A	N/A		Specialty co-insurance	25%	N/A	N/A
	\$0 deductible; after total yearly drug costs reach \$2,000 , you pay \$0 .					\$590 deductible; after total yearly drug costs reach \$2,000 , you pay \$0 .			
Supplemental Benefits and Optional Plans	Enhanced Dental Option: \$36 monthly premium; 0%-50% coinsurance for certain diagnostic and comprehensive services; \$1,500 annual coverage limit Essentials Allowance: \$25 monthly allowance for groceries, utilities, and home safety for those with qualifying chronic conditions; no rollover In-Home Support Services: \$0 copay for 12 hours per quarter OR \$300 annual caregiver reimbursement Meals: \$0 copay for 28 meals over 14 days, 2 times per year for those with qualifying chronic conditions Over the Counter (OTC): \$25 monthly allowance Pest Control: \$0 copay for one annual service for those with qualifying chronic conditions Pet Services: \$0 copay for 7 boarding days or 14 walks/year for those w/qualifying chronic conditions Transportation: \$0 copay for 50 one-way trips/year to plan-approved locations within 35 miles Wellness: \$0 copay for basic gym membership					Acupuncture: \$0 co-pay for 12 routine visits per year, combined with chiropractic Flex Allowance: \$300 quarterly allowance for services related to vision, dental, hearing, acupuncture, chiropractic and routine podiatry In-Home Support Services: \$0 copay for 12 hours per quarter OR \$300 annual caregiver reimbursement Meals: \$0 copay for 28 meals over 14 days, 2 times per year for those with qualifying chronic conditions Over the Counter (OTC): \$135 monthly allowance Pest Control: \$0 copay for one annual service for those with qualifying chronic conditions Pet Services: \$0 copay for 7 boarding days or 14 walks/year for those w/qualifying chronic conditions Transportation: \$0 copay for 50 one-way trips/year to plan-approved locations within 50 miles Wellness: \$0 copay for basic gym membership at participating fitness centers			
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland, Nivano IPA Hospitals: Alameda; Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)					Medical Groups: Brown & Toland, Nivano IPA Hospitals: Alameda; Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)			

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Alignment Health Plan 888-979-2247 (Sales &Marketing) 866-634-2247 (Member Services) www.alignmenthealthplan.com				United Health Care 866-367-7527 (Sales and Marketing) 866-261-7709 (Member Services) www.myuhcmedicare.com			
Plan Name/Type	Alignment Health Heart & Diabetes Care / C-SNP (H3815-048) For People with Cardiovascular Disorders, Chronic Heart Failure and/or Diabetes				UHC Complete Care Support CA-8AP / C-SNP (H0543-249) / For People with Cardiovascular Disorders, Chronic Heart Failure and/or Diabetes			
Star Rating	★★★★				★★★			
Annual OOP Max	\$990				\$9,350			
Monthly Premium	\$0				\$29.70 / \$240 annual deductible			
Doctor Visits	\$0 copay for PCP; \$0 copay for Specialist				20% coinsurance for PCP; 20% for Specialist			
Inpatient Hospital	\$0 copay for unlimited days per admission				\$1,195 per stay			
Outpatient Hospital	\$0 copay per ambulatory surgical center or outpatient hospital facility visit				20% coinsurance per ambulatory surgical center visit; 20% coinsurance per outpatient hospital facility visit			
Skilled Nursing Facility	\$0 copay for days 1-31; \$50 copay/day for days 32-100				\$0 copay/day for days 1-20; \$204 copay/day for days 21-100			
Ambulance	\$100 copay per trip by ground; \$125 per trip by air; waived if admitted to hospital				20% coinsurance per trip by ground or air			
Emergency & Urgent Care	\$70 copay per ER visit; waived if admitted to hospital within 48 hours; \$0 per urgent care visit; Worldwide Coverage: \$0 copay; \$25,000/year limit				\$90 copay per ER visit; waived if admitted to hospital within 24 hours; \$30 per urgent care visit; Worldwide Coverage: \$0 copay for ER/urgent care			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, x-rays, diagnostic tests, procedures, and diagnostic radiology; 20% coinsurance for therapeutic radiology				\$0 copay for for lab services, diagnostic tests, and procedures; 20% coinsurance for x-rays, diagnostic and therapeutic radiology			
Renal Dialysis	20% co-insurance per treatment				20% co-insurance per treatment			
Outpatient Mental Health Visits	\$0 copay per individual or group therapy session				20% coinsurance per individual or group therapy session			
Eyewear	\$200 annual allowance for eyewear				\$250 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	Not covered				\$2,200 annual allowance for up to two aids			
Hearing Exams	\$0 co-pay per Medicare-covered exam \$0 for one annual routine exam				20% co-insurance per Medicare-covered exam; \$0 for one annual routine exam			
Dental	20% coinsurance per Medicare covered visit; \$0 copay certain preventive and diagnostic services; \$15-\$570 copays for certain comprehensive services				20% coinsurance per Medicare covered visit; Routine dental not covered			
Chiropractic	\$0 copay per Medicare covered visit				20% coinsurance per Medicare covered visit			
Podiatry	\$0 copay per Medicare covered visit; \$0 copay for 12 routine visits each year				\$0 copay per Medicare covered visit; \$0 copay for four routine visits per year			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	25%	25%	25%
	Generic	\$5	\$15	\$12.50	Generic	25%	25%	25%
	Preferred Brand	\$30	\$90	\$75	Preferred Brand	25%	25%	25%
	Non-Preferred Brand	\$75	\$125	\$187.50	Non-Preferred Brand	25%	25%	25%
	Specialty co-insurance	33%	N/A	N/A	Specialty co-insurance	25%	N/A	N/A
	\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.				\$590 deductible; after total yearly drug costs reach \$2,000, you pay \$0.			
Supplemental Benefits and Optional Plans	Enhanced Dental Option: \$36 monthly premium; 0%-50% coinsurance for certain diagnostic and comprehensive services; \$1,500 annual coverage limit Essentials Allowance: \$25 monthly allowance for groceries, gas, utilities, and home safety for those with qualifying chronic conditions; no rollover Over the Counter (OTC): \$25 monthly allowance Pest Control: \$0 copay for 1 service per year for those with qualifying chronic conditions Pet Services: \$0 copay for 7 boarding days or 14 walks/year for those w/qualifying chronic conditions Transportation: \$0 copay for 50 one-way trips/year to plan-approved locations within 35 miles Wellness: \$0 copay for basic gym membership at participating fitness centers				Over the Counter (OTC): \$77 monthly allowance for OTC products and healthy foods Transportation: \$0 copay for 36 one-way trips/year to plan-approved locations within 50 miles Wellness: \$0 copay for basic gym membership at participating fitness centers			
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland, Nivano IPA Hospitals: Alameda; Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)				Medical Groups: Hill Physicians East Bay Hospitals: Alameda, Highland (Oakland), San Leandro, St. Rose (Hayward), Washington (Fremont)			

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Central Health Medicare 1-866-314-2427 (Sales & Marketing) 1-866-314-2427 (Member Services) www.centralhealthplan.com							
Plan Name/Type	Central Health Embrace Care C-SNP (H5649-025) For People with Cardiovascular Disease, Chronic Heart Failure, and/or Diabetes				Central Health Embrace Choice C-SNP (H5649-026) For People with Cardiovascular Disease, Chronic Heart Failure, and/or Diabetes			
Star Rating	★ ★ 1/2				★ ★ 1/2			
Annual OOP Max	\$2,750				\$9,350			
Monthly Premium	\$0				\$13.40			
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist				\$0 for PCP; 0-30% coinsurance for Specialist			
Inpatient Hospital	\$0 copay for days 1-5; \$200 per day for days 6-9; \$35 per day for days 10-90				\$1,676 deductible; \$0 copay for days 1-60; \$419 per day for days 61-90; \$838 per day for days 91-150			
Outpatient Hospital	\$0 - \$100 per ambulatory surgical center visit; \$0 - \$150 per outpatient hospital visit				\$0 copay per ambulatory surgical center visit; \$0-20% coinsurance per outpatient hospital facility visit			
Skilled Nursing Facility	\$0 for days 1-20; \$209.50 copay per day for days 21-100				\$0 copay for days 1-20; \$209.50 copay/day for days 21-100			
Ambulance	\$0-\$200 copay per trip by ground; 20% coinsurance per trip by air				20% coinsurance per trip by ground or air			
Emergency & Urgent Care	\$0 - \$140 per ER visit; waived if admitted to hospital within 72 hours; \$0 for urgent care; Worldwide coverage: \$140 copay per emergency or urgent care visit; \$50,000 limit				\$0-\$110 copay per ER visit; waived if admitted to hospital within 72 hours; \$0 for urgent care; Worldwide coverage: \$110 copay per emergency or urgent care visit; \$50,000 limit			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, x-rays, diagnostic tests, and procedures; \$100 copay for diagnostic radiology; 20% coinsurance for therapeutic radiology				\$0 copay for lab services and x-rays; 20% coinsurance for diagnostic tests and procedures and diagnostic radiology; 20% coinsurance for therapeutic radiology			
Renal Dialysis	20% coinsurance per treatment				20% co-insurance per treatment			
Outpatient Mental Health Visits	\$10 copay for individual therapy session; 20% coinsurance per group therapy session				\$0 copay for individual or group therapy session			
Eyewear	\$300 annual allowance for eyewear				\$300 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 for one annual routine exam			
Hearing Aids	\$575-\$2099 copay per aid for 2 aids per year				\$49-\$1549 copay per aid for 2 aids every 3 years			
Hearing 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			
Dental	\$0 copay for Medicare covered visit; \$0 copay for certain preventative services; \$0-\$2,160 copays for certain comprehensive svcs				\$0 copay for Medicare covered visit			
Chiropractic	\$0 co-pay per Medicare covered visit; \$0 copay for 12 routine visits/year, combined with acupuncture visits				\$0 co-pay per Medicare covered visit; \$0 for 12 routine visits per year, combined with acupuncture			
Podiatry	\$0 co-pay per Medicare covered visit; \$0 copay for 12 routine visits per year				\$0 co-pay per Medicare covered visit; \$0 copay for 12 routine visits per year			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	25%	25%	25%
	Generic	\$9	\$27	\$18	Generic	25%	25%	25%
	Preferred Brand	\$47	\$101	\$94	Preferred Brand	25%	25%	25%
	Non-Preferred Brand	\$90	\$270	\$180	Non-Preferred Brand	25%	25%	25%
	Specialty co-insurance	33%	N/A	N/A	Specialty co-insurance	25%	N/A	N/A
	\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.				\$590 deductible; after total yearly drug costs reach \$2,000, you pay \$0.			
Supplemental Benefits and Optional Plans	Acupuncture: \$0 copay for 12 routine visits per year, combined with chiropractic visits Dental Plan Option: \$21 monthly premium; 0%-70% coinsurance for certain preventive and comprehensive services; \$1,500 annual coverage limit Groceries: \$40 monthly allowance for healthy foods, for those with qualifying conditions In-Home Support Services: \$0 copay for 20 hours per year for those with qualifying chronic conditions Meals: \$0 copay per meal for 14 meals/week for 12 weeks for people with qualifying chronic conditions Over the Counter (OTC): \$130 quarterly allowance Scales: \$0 copay for those w/qualify chronic conds Transportation: \$0 copay/trip for 24 trips per year to plan approved locations within 50 miles Wellness: \$0 for Silver Sneakers gym membership				Acupuncture: \$0 copay for 12 routine visits per year, combined with chiropractic Groceries: \$30 monthly allowance for healthy foods, for those with qualifying conditions In-Home Support Services: 20 hours per year, for those with qualifying chronic conditions Meals: \$0 copay per meal for 14 meals/month for 12 months for people with qualifying chronic conditions Over the Counter: \$120 quarterly allowance for plan approved OTC items Scales: \$0 copay for those w/qualify chronic conds Transportation: \$0 copay for 12 one-way trips per year to plan approved locations within 50 miles Wellness: \$0 for Silver Sneakers gym membership			
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Hill Physicians East Bay Hospitals: Eden (Castro Valley) and Washington (Fremont)				Medical Groups: Hill Physicians East Bay Hospitals: Eden (Castro Valley) and Washington (Fremont)			

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	Central Health Medicare 1-866-314-2427 (Sales & Marketing) 1-866-314-2427 (Member Services) www.centralhealthplan.com				Imperial Health Plan of CA 1-800-838-8271 (Sales & Marketing) 1-800-838-8271 (Member Services) www.imperialhealthplan.com			
Plan Name/Type	Central Health Focus Plan C-SNP (H5649-006) For People with Cardiovascular Disease, Chronic Heart Failure, and/or Diabetes				Imperial Senior Value C-SNP (H5496-005) For People with Cardiovascular Disease, Chronic Heart Failure, and/or Diabetes			
Star Rating	★★★1/2				★★★1/2			
Annual OOP Max	\$1,800				\$297			
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 copay/day for days 1-90; \$670/day for days 91-150			
Outpatient Hospital	\$0 copay per ambulatory surgical center visit; \$0 copay per outpatient hospital visit				\$100 per ambulatory surgical center visit; \$100 per outpatient hospital visit			
Skilled Nursing Facility	\$0 per stay				\$0 copay for days 1-20; \$100/day for days 21-50; \$200/day for days 51-100			
Ambulance	\$200 copay per trip by ground or air				\$150 copay per trip by ground; 20% co-insurance per trip by air			
Emergency & Urgent Care	\$135 copay per ER visit; waived if admitted to hospital within 72 hours; \$0 copay for urgent care; Worldwide coverage: \$50 copay for emergency or urgent care visit; \$100,000 limit				\$125 copay per emergency room visit; waived if admitted to hospital w/in 48 hours; \$0 for urgent care; Worldwide coverage: \$0 copay for emergency or urgent care; \$100,000 limit			
Lab Tests, Procedures, and Radiation Therapy	\$0 copay for lab services, x-rays, diagnostic tests, procedures; \$75 copay for diagnostic radiology; 20% coinsurance for therapeutic radiology				\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; 20% co-insurance for therapeutic radiology			
Renal Dialysis	20% co-insurance per treatment				20% co-insurance per treatment			
Outpatient Mental Health Visits	\$0 copay for individual or group therapy session				20% co-insurance per individual or group therapy session			
Eyewear	\$150 annual allowance for eyewear				\$500 annual allowance for eyewear			
Eye Exams	\$0 copay for Medicare-covered exam; \$0 for one annual routine exam				\$0 copay per Medicare-covered exam; \$0 copay for routine exams			
Hearing Aids	\$2,000 annual allowance, through NationsHearing				\$500 annual allowance			
Hearing Exams	\$0 copay for Medicare-covered exam; \$0 copay for one annual routine exam				\$0 copay for Medicare-covered exam; \$0 for routine exams up to \$250/year			
Dental	\$0 copay for Medicare covered visit; \$0-\$41 copay for certain preventative services; \$0-\$2,160 copay for certain comprehensive services				\$0 copay for Medicare covered visit; \$0 co-pay for preventive services; \$500/year; \$0 co-pay for comprehensive services; \$3,000/year			
Chiropractic	\$0 copay per Medicare covered visit				\$0 copay per Medicare-covered visit			
Podiatry	\$0 co-pay per Medicare covered visit; \$0 copay for 12 routine visits per year				\$0 copay per Medicare-covered visit; \$0 copay for 6 routine visits per year			
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for network pharmacies</i>				<i>Cost-sharing shown is for preferred pharmacies</i>			
		30 days retail	90 days retail	100 days mail		30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$0	\$0	\$0
	Generic	\$0	\$0	\$0	Generic	\$6	\$18	\$5
	Preferred Brand	\$35	\$105	\$70	Preferred Brand	\$45	\$135	\$90
	Non-Preferred Brand	\$75	\$225	\$150	Non-Preferred Brand	\$90	\$270	\$180
Supplemental Benefits and Optional Plans	Specialty co-insurance				Specialty co-insurance			
	33%				33%			
	N/A				N/A			
	N/A				N/A			
	\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.				\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.			
Medical Groups and Hospitals (may not be full list; please check with plan)	Acupuncture: \$0 copay per visit for unlimited routine visits per year Dental Plan Option: \$45/month for up to \$1,500 per year; 10% coinsurance for preventive services; 70% coinsurance for comprehensive services Groceries: \$50 monthly allowance for healthy foods, for those with qualifying conditions In-Home Support Services: \$0 copay for up to 20 hours per year for qualifying members Meals: \$0 copay/meal for 2 meals/day for 14 days for those with qualifying chronic conditions; 4 x/yr Over the Counter: \$131 quarterly allowance for OTC and Herbal Catalog items Transportation: \$0 copay for 24 one-way trips per year to plan approved locations within 50 miles Wellness: \$0 for Silver Sneakers gym membership				In-Home Support Services: \$0 copay 48 hours/year for help with transportation, shopping, medication pickup, light housekeeping, and care reminders Meals: \$0 co-pay for up to 7 home-delivered meals following surgery or hospital stay; \$105 allowance per benefit period Over the Counter: \$130 quarterly allowance for items in plan's OTC mail order catalog; no rollover Part B Premium: \$50 monthly reimbursement Transportation: \$0 co-pay for 100 one-way trips to plan approved locations Wellness: \$0 for one at-home fitness kit per year through Silver&Fit			
	Medical Groups: Hill Physicians East Bay Hospitals: Eden (Castro Valley) and Washington (Fremont)				Medical Groups: Imperial Health Holdings, Med-Care Partners, Nivano Physicians, Physician Partners Hospitals: Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley), San Leandro, and St. Rose (Hayward)			

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs

<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											
Plan Name/Type	SCAN Balance C-SNP (H5425-076) For People with Cardiovascular Disease, Chronic Heart Failure and/or Diabetes						SCAN Strive C-SNP (H5425-098) For People with Cardiovascular Disease, Chronic Heart Failure and/or Diabetes					
Star Rating	★★★★1/2						★★★★1/2					
Annual OOP Max	\$1,500						\$9,350					
Monthly Premium	\$0						\$25.90 premium / \$240 annual deductible					
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist						\$0 for Primary Care Physician; \$0 for Specialist					
Inpatient Hospital	\$100 copay per day for days 1-5; \$0 for days 6-90 and beyond						\$1,676 deductible; \$0 copay/day for days 1-60; \$419 copay/day for days 61-90; \$838 copay/day for days 91-150					
Outpatient Hospital	\$0 per ambulatory surgical center visit; \$125 copay per outpatient hospital visit						20% coinsurance per ambulatory surgical center and outpatient hospital visit					
Skilled Nursing Facility	\$0 for days 1-20; \$75 copay/day for days 21-100						\$0 for days 1-20; \$209.50 copay/day for days 21-100					
Ambulance	\$180 copay per trip by ground or air						20% coinsurance per trip by ground or air					
Emergency & Urgent Care	\$90 copay per emergency room visit; Waived if immediately admitted to hospital; \$0 copay per urgent care visit; Worldwide coverage						20% coinsurance up to \$110 per emergency room visit; 20% coinsurance up to \$45 per urgent care visit; Worldwide coverage					
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; 20% coinsurance for diagnostic tests & procedures, x-rays, diagnostic radiology, 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						\$0 copay per individual or group therapy session					
Eyewear	\$250 annual allowance for eyewear; through SCAN contracted provider						\$325 annual allowance for eyewear; through SCAN contracted provider					
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	\$550-\$850 copay per aid; 2 aids per year, through TruHearing						Not Covered					
Hearing Exams	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam						20% coinsurance per Medicare-covered exam; routine exams not covered					
Dental	\$0 copay for Medicare covered visit; \$0 copay for certain preventive and diagnostic svcs; \$2,000 annual limit; through SCAN contracted provider						20% coinsurance for Medicare covered visit; \$0 copay for certain preventive and diagnostic svcs; \$2,000 annual limit; through SCAN contracted provider					
Chiropractic	\$0 copay per Medicare-covered visit; \$0 copay for up to 30 routine visits per year						\$20% coinsurance per Medicare-covered visit; \$0 copay for 10 routine visits per year					
Podiatry	\$0 co-pay per Medicare covered visit						\$0 co-pay per Medicare covered visit					
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i>		30 days retail	100 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>		30 days retail	100 days retail	100 days mail		
	Preferred Generic		\$0	\$0	\$0	Preferred Generic		\$0	\$0	\$0		
	Generic		\$0	\$0	\$0	Generic		\$0	\$0	\$0		
	Preferred Brand		\$42	\$126	\$126	Preferred Brand		24%	24%	24%		
	Non-Preferred Brand		50%	50%	50%	Non-Preferred Brand		45%	45%	45%		
	Specialty co-insurance		33%	N/A	N/A	Specialty co-insurance		25%	N/A	N/A		
	\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.						\$590 deductible for Tiers 3 - 5; after total yearly drug costs reach \$2,000, you pay \$0.					
Supplemental Benefits and Optional Plans	Acupuncture: \$0 copay for up to 36 routine visits per year In-Home Support Services: 40 hours for personal care following a hospitalization Meals: 84 home-delivered meals per year following a hospital stay and/or due to a chronic condition Over the Counter: \$75 quarterly allowance items in-store at CVS or home delivery; balance carries over to next quarter but not calendar year Transportation: \$0 copay for 24 one-way trips per year to plan-approved locations within 50 miles						Acupuncture: \$0 copay for up to 24 routine visits/yr Groceries: \$70 monthly allowance at preferred locations for those w/chronic qualifying conditions; combined with OTC allowance In-Home Support Services: 60 hours for personal care following a hospitalization Meals: 84 home-delivered meals per year following a hospital stay and/or due to a chronic condition Over the Counter (OTC): \$70 monthly allowance for items in-store at select retailers or home delivery; no rollover; combined with grocery allowance Transportation: \$0 copay for 48 one-way trips per year to plan-approved locations within 50 miles					
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland, Imperial Health Holdings, SCAN Direct Contract Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)						Medical Groups: Brown & Toland, Imperial Health Holdings, SCAN Direct Contract Hospitals: Alameda, Alta Bates/Summit (Berk/Oak), Highland (Oak), San Leandro, St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)					

2025 MEDICARE ADVANTAGE COMPARISON CHART FOR ALAMEDA COUNTY: I-SNPs

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<div>Align Senior Care</div> <div>844-305-3879 (Sales &Marketing)</div> <div>844-305-3879 (Member Services)</div> <div>www.alignseniorcare.com</div>									
Plan Name/Type	Align Premier Care I-SNP (H3274-002) - For People Needing Nursing Home Level of Care					Align Senior Care I-SNP (H3274-001) For People Needing Nursing Home Level of Care				
Star Rating	Not Enough Data Available					Not Enough Data Available				
Annual OOP Max	\$1,900					\$9,350				
Monthly Premium	\$0					\$29.70				
Doctor Visits	\$0 for Primary Care Physician; \$0 for Specialist					\$0 copay for Primary Care Physician; 20% coinsurance for Specialist				
Inpatient Hospital	\$0 copay per stay; unlimited days					\$235 copay/day for days 1-10; \$0 for days 11 and beyond				
Outpatient Hospital	20% coinsurance per ambulatory surgical center visit; \$225 copay per outpatient hospital visit					20% coinsurance per ambulatory surgical center or outpatient hospital facility visit				
Skilled Nursing Facility	\$0 copay/day for days 1-100					\$0 copay/day for days 1-100				
Ambulance	\$125 copay per trip by ground; 20% coinsurance per trip by air					20% coinsurance per trip by ground or air				
Emergency & Urgent Care	\$90 copay per ER visit; \$40 per urgent care visit; copays waived if admitted to hospital within 3 days					\$90 copay per ER visit; \$45 per urgent care visit; copays waived if admitted to hospital within 3 days				
Lab Tests, Procedures, and Radiation Therapy	\$0 copay 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	\$0 copay per individual or group therapy session					\$0 copay per individual or group therapy session				
Eyewear	\$225 annual allowance for eyewear					\$275 annual allowance for eyewear				
Eye Exams	20% coinsurance per Medicare-covered exam; \$0 copay for one annual routine exam					20% coinsurance per Medicare-covered exam; \$0 copay for one annual routine exam				
Hearing Aids	Not Covered					\$1,500 annual allowance; limited to 2 aids/year, through NationsBenefits				
Hearing Exams	20% coinsurance per Medicare-covered exam; routine exams not covered					20% coinsurance per Medicare-covered exam \$0 copay for one annual routine exam				
Dental	20% coinsurance per Medicare covered visit; \$3,000 annual allowance for certain basic and comprehensive services, through Liberty Dental					20% coinsurance per Medicare covered visit; \$3,000 annual allowance for certain basic and comprehensive services, through Liberty Dental				
Chiropractic	20% coinsurance for Medicare-covered visit; \$30 copay/visit for 12 routine visits per year					20% coinsurance for Medicare-covered visit				
Podiatry	20% coinsurance for Medicare-covered visit; \$0 copay/visit for 6 routine visits per year					20% coinsurance for Medicare-covered visit; \$0 copay/visit for 6 routine visits per year				
Prescription Drugs (Outpatient)	<i>Cost-sharing shown is for preferred pharmacies</i>		30 days retail	90 days retail	90 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>		30 days retail	90 days retail	90 days mail
	Preferred Generic		\$0	\$0	\$0	Preferred Generic		25%	25%	25%
	Generic		\$10	\$30	\$30	Generic		25%	25%	25%
	Preferred Brand		\$45	\$135	\$135	Preferred Brand		25%	25%	25%
	Non-Preferred Brand		\$95	\$285	\$285	Non-Preferred Brand		25%	25%	25%
	Specialty co-insurance		25%	N/A	N/A	Specialty co-insurance		25%	25%	25%
	\$0 deductible; after total yearly drug costs reach \$2,000, you pay \$0.					\$590 deductible; after total yearly drug costs reach \$2,000, you pay \$0.				
Supplemental Benefits and Optional Plans	In-Home Support Services: \$0 copay; limited to 80 hours annually for help with personal needs, light housekeeping, meal prep, etc. Over the Counter: \$405 quarterly allowance for plan-approved items, including OTC hearing aids Transportation: \$0 copay for 24 trips per year to plan-approved locations					In-Home Support Services: \$0 copay; limited to 80 hours annually for help with personal needs, light housekeeping, meal prep, etc. Groceries: \$30 monthly allowance for covered items, for those w/chronic qualifying conditions Over the Counter: \$285 quarterly allowance for plan-approved items, including OTC hearing aids Transportation: \$0 copay for 24 trips per year to plan-approved locations				
Medical Groups and Hospitals (may not be full list; please check with plan)	Medical Groups: Brown & Toland?, One Medical? Hospitals: Alta Bates/Summit Med Ctr (Berk/Oak), Eden Medical Center (Castro Valley)					Medical Groups: Brown & Toland?, One Medical ? Hospitals: Alta Bates/Summit Med Ctr, (Berk/Oak), Eden Medical Center (Castro Valley)				

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 (\$257 in 2025). 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
- Pneumococcal Shots: one per lifetime
- Prostate Cancer Screening: one per year for age 50 and over
- RSV (Respiratory Syncytial Virus) Vaccine: one per year
- 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 2025 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/2025-medicare-advantage-and-part-d-star-ratings>