

2021 Medicare Advantage Plans For "Full Duals" (Medicare and full Medi-Cal)* for Contra Costa County

In Contra Costa County, in 2021 three plans are available for persons who have Medicare plus full scope Medi-Cal. One is a "Special Needs Plan," the **Kaiser Senior Advantage Medicare-Medi-Cal plan**. Only individuals on Medicare (Parts A and B) who also have full Medi-Cal may join. If your Medi-Cal eligibility is lost or if you acquire a Medi-Cal share of cost, and you do not regain full Medi-Cal status, you will receive a series of notifications by the plan and be disenrolled after 120 days.

The other two plans, **Imperial Traditional Plus** and **UnitedHealthCare Medicare Advantage Assure**, are also intended for persons with Medicare (Parts A and B) and full Medi-Cal. ***Individuals enrolled in the QMB program (Qualified Medicare Beneficiary program) but without full Medi-Cal may also join** and benefit from the \$0 premium and \$0 copays for most services. If a member of these plans loses full Medi-Cal or QMB status, they have to pay the usual plan premium and copays. Other individuals may join these plans, but they must pay the plan premium and applicable copays.

Imperial Traditional Plus and UHC Medicare Advantage Assure plan are not certified as dual-SNP and are not required to coordinate the delivery of covered Medicare and Medicaid health services. If you join one of these two plans, **it is important to show your Medi-Cal card along with your plan card when you receive services, or you will be asked to make the copays. If you have QMB but not Medi-Cal, be sure to explain this when you receive your services in order to avoid copays.**

These plans provide all Medicare Part A and Part B health care and services. Special Needs Plans are designed for people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management.

These plans include prescription drug coverage (Medicare Part D). Review the formulary (the list of covered drugs) to be sure the plan will cover the drugs you need and whether any special approvals may be required before you can obtain the drugs. You will pay a small copay for your covered drugs. **You cannot also have a separate Part D drug plan.**

Participants in one of these plans who have full Medi-Cal have the right to use other Medi-Cal providers for Medi-Cal services not covered by their plan. Special provisions apply to persons with Medicare and Medi-Cal who are in Skilled Nursing Facilities. Contact HICAP for details and assistance.

**Information provided by Contra Costa HICAP
Health Insurance Counseling and Advocacy Program
1-800-510-2020 or 925-602-4163**



LOCAL HELP FOR PEOPLE WITH MEDICARE

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2021 MAPD for Full Duals

CCHICAP 6/25/2021

	HMO NAME	Kaiser Permanente Sr. Advantage Medicare/Medi-CAL Special	Imperial Traditional Plus Medicare/Medi-CAL/QMB plan	UnitedHealthcare Assure Medicare/Medi-CAL/QMB plan
	Please contact the HMO for more specific info and provider lists. All services are Medicare Covered only unless otherwise stated.	1-800-777-1238 (prospective) 1-800-443-0815 (current)	1-800-838-5914 (prospective) 1-800-838-8271 (current)	1-800-555-5757 (prospective) 1-844-808-4553 (current)
	Medicare Plan ID Number	H0524-030-0	H5496-009	H0543-183
	Medicare Star Rating	★★★★★	Too new to be measured	★★★★★
1	HMO Monthly Premium	\$0	\$0	\$0
2	Out-of-Pocket Limit (Parts A&B only)	\$0	\$0	\$0
	INPATIENT SERVICES (PART A)			
3	Hospitals in Network (As directed, except emergency)	Kaiser	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; Others see directory	Alta Bates; San Ramon; Sutter Delta; (John Muir and others with limits)
4	Inpatient Hospital (Unlimited days)	\$0	\$0	\$0
5	Inpatient Mental Health (190 Lifetime)	\$0	\$0	\$0
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0	\$0	\$0
7	Home Health Care co-pay	\$0	\$0	\$0
	OUTPATIENT SERVICES (PART B)			
8	Doctor Groups in Network (Always verify plan with your doctors)	Kaiser	Imperial Health Holdings (no distance limit); Others see directory	Affinity EB; Hill Phys EB; Sutter EB; Brown&Toland EB
9	Doctor's Office Visit co-pay	\$0	\$0	\$0
10	Mental Health/Substance Abuse	\$0	\$0	\$0
11	Outpatient Surgery or Procedure co-pay	\$0	\$0	\$0
12	Ambulance co-pay	\$0	\$0	\$0
13	Emergency Room visit co-pay	\$0	\$0 (\$0 Outside US up to \$50k)	\$0
14	Urgent Care co-pay	\$0	\$0 (\$0 Outside US up to \$50k)	\$0
15	Rehabilitation (OT,PT,ST,Cardio) co-pay	\$0	\$0	\$0
16	Durable Medical Equip. & Prosth. co-pay	\$0	\$0	\$0
17	Diabetes Training, Therapy and Supplies	\$0	\$0	\$0
18	X-rays co-pay	\$0	\$0	\$0
19	Diagnostic Lab Services co-pay	\$0	\$0	\$0
20	Diagnostic Radiology co-pay (MRI, CT)	\$0	\$0	\$0
21	Radiation Therapy co-pay	\$0	\$0	\$0
22	Chemotherapy - Part B co-pay	\$0	\$0	\$0
23	Kidney Dialysis	\$0	\$0	\$0
24	Chiropractic & Podiatry (Limited)	\$0	\$0	\$0
	ADDITIONAL BENEFITS (not in Medicare)			
25	Chiropractic	\$0 co-pay; Medicare covered only	\$0 co-pay; Medicare covered only	\$0 co-pay; Medicare covered only
26	Podiatry	\$0 co-pay; Medicare covered only	\$0 for 6 routine footcare	\$0 for 4 routine footcare
27	Hearing	Medicare covered only	\$0 routine exam; \$0 (\$1,250 Max) for hearing aids/yrs	\$0 routine exam; \$2,500 credit for up to 2 hearing aids/2yrs
28	Eye Exams and Eyeglass (Medicare requires 1 pair glasses after cataract surgery)	\$0 routine exam; Eyewear allowance of \$300 every year	\$0 routine exam; \$250 credit for contact/6mth. lenses&frames/2yrs	\$0 routine exam; \$100 credit for eyewear/2yrs
29	Dental	Comprehensive dental care through Delta Dental	\$0 Preventative (\$500 Max/yr) \$0 Restorative (\$500 Max/qtr)	Not Covered
30	Transportation to approved destinations	Not covered	\$0 (no limit)	\$0 - up to 36 one way trips/year
31	Fitness Benefits	Not covered	Silver&Fit or 2 home fitness kits	Renew Active
32	Other Benefits Included	Home delivered meals up to 4 wks after CHF discharge	\$75 OTC credit/qtr	NurseLine, \$100 OTC credit/qtr
	PRESCRIPTION DRUGS (PART D)			
33	Drug Deductible	\$0	\$0	\$0
34		Per Prescription	Per Prescription	Per Prescription
35	Generic	\$0-\$1.90	\$0-\$1.90	\$0-\$1.90
36	Brand	\$0-\$4.00	\$0-\$4.00	\$0-\$4.00

Kaiser members who lose full Medi-Cal benefits and do not regain them within 120 days will be disenrolled.

Imperial / Assure members who lose full Medi-Cal/QMB benefits will pay the regular premium, deductible, and cost-sharing.