

2021 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County

ABOUT THIS CHART

This Comparison Chart is a summary only and may be subject to change. The information on the chart is for individual HMO plans only. Employer and union health plans may have the same name, but may offer very different benefits.

Medicare Advantage plans are private insurance plans which are approved and subsidized by Medicare. They offer equivalent benefits to Medicare, including drug coverage. Joining a Medicare Advantage HMO means you may not use your Medicare benefit outside the plan. These plans may offer benefits in addition to those found in traditional Medicare. Some of those benefits are listed towards the bottom of the chart under 'Additional Benefits'.

These plans are open to anyone on Medicare, including those under age 65 on Medicare disability, regardless of their health condition.

SOME RULES FOR ALL PLANS

All plans in Contra Costa County are Health Maintenance Organizations--HMOs. This means you must use the network providers. All plans contract with physician groups and hospitals which are listed on the chart. Primary Care Providers must refer you to specialists and those must be within the same physician network. You cannot use medical services outside the network, except for emergencies.

The standard Medicare Part D rules, such as formulary limitations, drug restrictions, coverage phases, etc., apply to all MAPD plans as well as to stand-alone prescription drug plans.

JOINING A PLAN

If you have Medicare Parts A & B, you may join any of these plans during the Open Enrollment period (Oct 15 to Dec 7). Coverage starts Jan 1. If you are new to Medicare, you may join during the 7 month period around your eligibility date (usually 65th birthday). There is also a 2 month special enrollment period if your circumstances change significantly, such as losing your employer coverage or moving. You can call the phone numbers on the chart to enroll. When you enroll your prior Medicare Advantage or Prescription Drug plan will be automatically cancelled when the new plan is effective.

CHANGING PLANS

From Jan 1 through Mar 31 of 2021, if you are in a Medicare Advantage plan you have the right to change to a different Advantage plan or to Original Medicare with a separate Prescription Drug plan.

SOME CONSIDERATIONS FOR CHOOSING A PLAN

1. Does the plan cover your favorite doctors and hospitals? Note: Primary Care Physician and specialists must belong to the same medical group (IPA).
2. Does the plan cover your specific prescription drugs?
3. What are the co-pays and deductibles for the services you need, such as doctor's visits, lab tests, chemotherapy?
4. What is the monthly premium (in addition to Medicare Part B)?
5. What is the out-of-pocket maximum? (This limits what you might have to pay for medical costs (excluding drugs))
6. What are additional benefits you'd like to have?

Always verify coverage details with the Medicare Advantage plan, including that your preferred physicians and hospitals are in the plan's network.

Footnote:

(1) 2020 Medicare cost sharing for inpatient hospitalization and inpatient mental health \$1,408 deductible for each benefit period, Days 1-60: \$0, Days 61-90: \$352/day, Days 91 and beyond: \$704/"lifetime reserve day"

(2) 2020 Medicare cost sharing for SNF: Days 1-20: \$0, Days 21-100: \$176/day, Days 101 and beyond: all costs

(3) Primary Care Physician and specialists must belong to the same medical group (IPA)

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 HMO COMPARISON CHART (Part 1 of 3)

CCHICAP 10/12/2020

HMO NAME		Humana Gold Plus	Imperial Traditional	Kaiser Perm. Sr. Adv Basic	Kaiser Perm. Sr. Adv Enhanced									
Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.		1-800-833-2364 (prospective) 1-800-457-4708 (current) www.humana-medicare.com	1-800-838-5914 (prospective) 1-800-838-8271 (current) www.ImperialHealthplan.com	1-800-777-1238 (prospective) 1-800-443-0815 (current) www.kp.org/medicare	1-800-777-1238 (prospective) 1-800-443-0815 (current) www.kp.org/medicare									
Medicare Plan ID Number		H5619-029	H5496-007	H0524-061	H0524-033									
Medicare Star Rating		★★★★	Too new to be measured	★★★★★	★★★★★									
1	HMO Monthly Premium	\$70	\$0	\$24	\$84									
2	Out-of-Pocket Limit (Parts A&B only)	\$5,900	\$2,999	\$6,700	\$4,900									
INPATIENT SERVICES (PART A)														
3	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Regional	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; Others see directory	Kaiser	Kaiser									
4	Inpatient Hosp. (Unlim. days)	\$370 per day Days 1-4	\$100 per day Days 1-5	\$310 per day Days 1-7	\$240 per day Days 1-7									
5	Inpatient Mental Health	\$900/stay	\$200 per day Days 1-7	\$265 per day Days 1-7	\$230 per day Days 1-7									
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$172/D Days 21-55 \$0/D Days 56-100	\$0/D Days 1-20 \$164.50/D Days 21-100	\$0/D Days 1-20 \$100/D Days 21-100	\$0/D Days 1-20 \$100/D Days 21-100									
OUTPATIENT SERVICES (PART B)														
7	Doctor Groups in Network (Always verify plan with your doctors) (3)	John Muir Phys; Hill Phys EB; Sutter EB	Imperial Health Holdings (no distance limit); Others see dir.	Kaiser	Kaiser									
8	Doctor's Office Visit co-pay	\$0-PCP;\$12-spec; virtual same	\$0-PCP;\$0-spec; virtual same	\$20-PCP;\$30-spec; \$0-virtual	\$10-PCP;\$20-spec; \$0-virtual									
9	Mental Health/Substance Abuse	\$12-office; \$100-outpatient hospital; \$0-virtual	20% co-insurance - non-phys; \$0 - psychiatrist	\$20-individual; \$10-group; \$0-virtual	\$10-individual; \$5-group; \$0-virtual									
10	Outpatient Surgery or Procedure co-pay	\$75-Ambulatory Surg. Ctr.; \$100-Hospital	\$0	\$300	\$200									
11	Ambulance co-pay	\$265-ground; 20%-air	\$125-ground; 20%-air	\$200 per one way trip	\$200 per one way trip									
12	Emergency Rm. visit co-pay	\$90 Worldwide	\$90 (\$0 Outside US up to \$50k)	\$90 Worldwide	\$90 Worldwide									
13	Urgent Need Services co-pay	\$12	\$0 (\$0 Outside US up to \$50k)	\$20	\$10									
14	Rehab. (PT, Cardio) co-pay	\$12	\$10-OT; 20%-PT; \$0-Cardiac	\$30	\$20									
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance									
16	X-rays co-pay	\$12	\$0	\$30	\$20									
17	Diagnostic Lab Serv. co-pay	\$0	\$0	\$0-20	\$0-10									
18	Radiology Diag. Tests co-pay (MRI, CT)	\$75- \$100	\$0	\$215	\$200									
19	Radiation Therapy co-pay	20% co-insurance	20% co-insurance	\$0	\$0									
20	Chemo. - Part B drugs	20% co-insurance	\$0	\$0 - \$47	\$0 - \$47									
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance									
ADDITIONAL BENEFITS (not in Medicare)														
22	Hearing: Routine hearing loss exams and Hearing Aids	\$0 routine exam; \$699-\$999 copay for hearing aids 1/ear/yr	20% routine exam (\$250 Max); 20% (\$1,000 Max) hearing aids/yr	No additional except Medicare covered	No additional except Medicare covered									
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	No additional except Medicare covered	\$15 routine exam; \$10 (\$175 Max) for eyewear/2yrs	\$20 routine exam; \$40 eyewear allowance/2yrs	\$10 routine exam; \$40 eyewear allowance/2yrs									
24	Dental	Not Covered - see rider below	\$0 Preventative (\$500 Max/yr) \$0 Restorative (\$500 Max/qtr)	Not Covered - see rider below	Not Covered - see rider below									
25	Transportation to approved destinations	Not Covered	\$0 (no limit)	Not Covered	Not Covered									
26	Fitness Benefits	Silver Sneakers	Silver&Fit or 2 home fitness kits	Not Covered	Not Covered									
27	Other Benefits Included	Well Dine Meal	\$75 OTC Credit/qtr, \$0 for 6 routine footcare, \$0 for opioid treatment	Home delivered meals up to 4 wks after CHF discharge, \$0 for opioid treatment	Home delivered meals up to 4 wks after CHF discharge, \$0 for opioid treatment									
28	Optional Benefits Available for Extra Monthly Premium	Dental and/or Vision \$15.30-\$29.80/mo	None	\$16/mo - Adv Plus (hearing, dental, add'l eyewear)	\$16/mo - Adv Plus (hearing, dental, add'l eyewear)									
PRESCRIPTION DRUGS (PART D)														
		(All prices reflect preferred pharmacy) Until the annual cost paid by both you and the plan, reaches \$4,130, you pay:												
29	Drug Deductible	\$0 T1-2; \$400 T3-5			\$0			\$0			\$0			
		30d	90d	90d mail	30d	90d	90d mail	30d	100d	100d mail	30d	100d	100d mail	
30	Tier 1 (Preferred Generic)	\$5	\$15	\$0	\$0	\$0	\$0	\$6	\$18	\$0	\$3	\$9	\$0	
31	Tier 2 (Non-Pref. Generic)	\$12	\$36	\$0	\$5	\$12	\$10	\$18	\$54	\$36	\$12	\$36	\$24	
32	Tier 3 (Preferred Brand)	\$47	\$141	\$131	\$45	\$110	\$90	\$47	\$141	\$94	\$47	\$141	\$94	
33	Tier 4 (Non-Pref. Brand)	\$100	\$300	\$290	\$90	\$225	\$180	\$100	\$300	\$200	\$100	\$300	\$200	
34	Specialty	25% co-ins			33% co-ins			33% co-ins			33% co-ins			
		You and Plan pay \$4,130, then you pay 25% generic, 25% brand until you've paid \$6,550. Then you pay:												
35	Generic / All Other	greater of 5% or \$3.70/\$9.20			greater of 5% or \$3.70/\$9.20			\$3 / \$12 / \$0			\$3 / \$12 / \$0			
36	Add'l drug benefits				\$0 copay for T1-2 during Coverage Gap			T6 (Injectable vaccine) \$0; \$6-18 copay for generics during Coverage Gap			T6 (Injectable vaccine) \$0; \$6-18 copay for generics during Coverage Gap			

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2021 HMO COMPARISON CHART (Part 2 of 3)

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HMO NAME		UnitedHealthcare AARP SecureHorizons Plan 1	UnitedHealthcare AARP SecureHorizons Focus	UnitedHealthcare Canopy Health
Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.		1-800-555-5757 (prospective) 1-844-808-4553 (current) www.aarpmedicareplans.com	1-800-555-5757 (prospective) 1-844-808-4553 (current) www.aarpmedicareplans.com	1-800-555-5757 (prospective) 1-866-810-1498 (current) www.UHCMedicareSolutions.com
Medicare Plan ID Number		H0543-070	H0543-163	H0543-189
Medicare Star Rating		★★★★	★★★★	★★★★
1	HMO Monthly Premium	\$110	\$64	\$69
2	Out-of-Pocket Limit (Parts A&B only)	\$6,700	\$3,200	\$3,200
INPATIENT SERVICES (PART A)				
3	Hospitals in Network (As directed, except emergency)	Alta Bates; San Ramon; Sutter Delta; John Muir; CPMC * (* - limited zipcodes)	John Muir	John Muir; San Ramon; UCSF; Others see directory
4	Inpatient Hosp. (Unlim. days)	\$390 per day Days 1-5	\$290 per day Days 1-5	\$290 per day Days 1-5
5	Inpatient Mental Health	\$390 per day Days 1-4	\$290 per day Days 1-5	\$290 per day Days 1-5
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$184/D Days 21-57 \$0/D Days 58-100	\$0/D Days 1-20 \$184/D Days 21-38 \$0/D Days 39-100	\$0/D Days 1-20 \$184/D Days 21-38 \$0/D Days 39-100
OUTPATIENT SERVICES (PART B)				
7	Doctor Groups in Network (Always verify plan with your doctors) (3)	Affinity EB; Hill Phys EB; Sutter EB; Brown&Toland EB	John Muir Phys	Canopy Health John Muir; Canopy Health Hill Phys
8	Doctor's Office Visit co-pay	\$0-PCP;\$10-spec; \$0-virtual	\$10-PCP;\$15-spec; \$0-virtual	\$0-PCP;\$15-spec; \$0-virtual
9	Mental Health/Substance Abuse	\$25-individual; \$15-group; \$0-virtual	\$25-individual; \$15-group; \$0-virtual	\$25-individual; \$15-group; \$0-virtual
10	Outpatient Surgery or Procedure co-pay	\$370	\$200	\$150-Amb. Surg. Ctr.; \$210-Hospital
11	Ambulance co-pay	\$250 - ground, air	\$250 - ground, air	\$250 - ground, air
12	Emergency Rm. visit co-pay	\$90 (\$0 Outside US)	\$90 (\$0 Outside US)	\$90 (\$0 Outside US)
13	Urgent need Services co-pay	\$40 (\$0 Outside US)	\$40 (\$0 Outside US)	\$40 (\$0 Outside US)
14	Rehab. (PT, Cardio) co-pay	\$10-OT/PT; \$0-Cardiac	\$15-OT/PT; \$0-Cardiac	\$15-OT/PT; \$0-Cardiac
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance
16	X-rays co-pay	\$15	\$15	\$15
17	Diagnostic Lab Serv. co-pay	\$0	\$0	\$0
18	Radiology Diag. Tests co-pay (MRI, CT)	\$105	\$105	\$105
19	Radiation Therapy co-pay	\$60 per visit	\$60 per visit	\$60 per visit
20	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance
ADDITIONAL BENEFITS (not in Medicare)				
22	Hearing: Routine hearing loss exams and Hearing Aids	\$0 routine exam; \$375-\$2,075 copay for up to 2 hearing aids/yr	\$0 routine exam; \$375-\$2,075 copay for up to 2 hearing aids/yr	\$0 routine exam; \$375-\$2,075 copay for up to 2 hearing aids/yr
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$100 credit for eyewear/2yrs	\$0 routine exam; \$100 credit for eyewear/2yrs	\$0 routine exam; \$100 credit for eyewear/2yrs
24	Dental	Not Covered - see rider below	Not Covered - see rider below	Not Covered - see rider below
25	Transportation to approved destinations	Not Covered	Not Covered	\$0 up to 24 one-way trips
26	Fitness Benefits	Not Covered	Renew Active	Renew Active
27	Other Benefits Included	NurseLine, \$10/visit for 6 routine footcare, \$0 for opioid treatment	NurseLine, \$15/visit for 6 routine footcare, \$0 for opioid treatment, \$40 OTC Credit/qtr	NurseLine, \$15/visit for 6 routine footcare, \$0 for opioid treatment, \$40 OTC Credit/qtr
28	Optional Benefits Available for Extra Monthly Premium	Dental \$45/mo	Dental \$45/mo	Dental \$45/mo
PRESCRIPTION DRUGS (PART D)				
(All prices reflect preferred pharmacy) Until the annual cost paid by both you and the plan, reaches \$4,130, you pay:				
29	Drug Deductible	\$0 T1-2; \$350 T3-5	\$0 T1-2; \$100 T3-5	\$0 T1-2; \$250 T3-5
		30d 90d 90d mail	30d 90d 90d mail	30d 90d 90d mail
30	Tier 1 (Preferred Generic)	\$3 \$9 \$0	\$3 \$9 \$0	\$3 \$9 \$0
31	Tier 2 (Non-Pref. Generic)	\$12 \$36 \$12	\$12 \$36 \$12	\$12 \$36 \$12
32	Tier 3 (Preferred Brand)	\$47 \$141 \$131	\$47 \$141 \$131	\$47 \$141 \$131
33	Tier 4 (Non-Pref. Brand)	\$100 \$300 \$290	\$100 \$300 \$290	\$100 \$300 \$290
34	Specialty	26% co-ins	31% co-ins	28% co-ins
You and Plan pay \$4,130, then you pay 25% generic, 25% brand until you've paid \$6,550. Then you pay:				
35	Generic / All Other	greater of 5% or \$3.70/\$9.20	greater of 5% or \$3.70/\$9.20	greater of 5% or \$3.70/\$9.20
36	Add'l drug benefits	Select Insulin Drugs copay \$35 (or 5% in Catastrophic Coverage)	Select Insulin Drugs copay \$35 (or 5% in Catastrophic Coverage)	Select Insulin Drugs copay \$35 (or 5% in Catastrophic Coverage)

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2021 HMO COMPARISON CHART (Part 3 of 3)

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	HMO NAME	Imperial Senior Value (Chronic Disease-SNP)	Imperial Traditional Plus	UnitedHealthcare Assure
	Remark Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.	CV Disorders, Chronic Heart Failure, Diabetes 1-800-838-5914 (prospective) 1-800-838-8271 (current) www.ImperialHealthplan.com	Premiums and co-pays waived for Full Duals 1-800-838-5914 (prospective) 1-800-838-8271 (current) www.ImperialHealthplan.com	Premiums and co-pays waived for Full Duals 1-800-555-5757 (prospective) 1-844-808-4553 (current) www.UHCMedicareSolutions.com
	Medicare Plan ID Number	H5496-005	H5496-009	H0543-183
	Medicare Star Rating	Too new to be measured	Too new to be measured	★★★★
1	HMO Monthly Premium	\$0	\$31.50 or \$0 with MediCal (see SNP chart)	\$26.60 or \$0 with MediCal (see SNP chart)
2	Out-of-Pocket Limit (Parts A&B only)	\$2,999	\$2,999	\$7,550
INPATIENT SERVICES (PART A)				
3	Hospitals in Network (As directed, except emergency)	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; Others see directory	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 Hosp. (Unlim. days)	\$0	Medicare cost sharing (1)	The lesser of \$1,400/stay and Medicare cost sharing (1)
5	Inpatient Mental Health	\$0	Medicare cost sharing (1)	Medicare cost sharing (1)
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$164.50/D Days 21-100	Medicare cost sharing (2)	Medicare cost sharing (2)
OUTPATIENT SERVICES (PART B)				
7	Doctor Groups in Network (Always verify plan with your doctors) (3)	Imperial Health Holdings (no distance limit); Others see directory	Imperial Health Holdings (no distance limit); Others see directory	Affinity EB; Hill Phys EB; Sutter EB; Brown&Toland EB
8	Doctor's Office Visit co-pay	\$0-PCP;\$0-spec; virtual same	20% co-insurance	20% co-insurance;\$0 virtual
9	Mental Health/Substance Abuse	20% co-insurance - non-phys; \$0 - psychiatrist	20% co-insurance	20% co-insurance; \$0 virtual
10	Outpatient Surgery or Procedure co-pay	\$0	20% co-insurance	20% co-insurance
11	Ambulance co-pay	\$125-ground; 20%-air	20% co-insurance	20% co-insurance
12	Emergency Rm. visit co-pay	\$0 (\$0 Outside US up to \$50k)	20% up to \$90 (\$0 Outside US up to \$50k)	\$90 (\$0 Outside US)
13	Urgent need Services co-pay	\$0 (\$0 Outside US up to \$50k)	20% up to \$65 (\$0 Outside US up to \$50k)	\$65 (\$0 Outside US)
14	Rehab. (PT, Cardio) co-pay	\$0 - PT/OT; 20% - Cardiac	20% co-insurance	20% co-insurance
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance
16	X-rays co-pay	\$0	20% co-insurance	20% co-insurance
17	Diagnostic Lab Serv. co-pay	\$0	0-20% co-insurance	\$0
18	Radiology Diag. Tests co-pay (MRI, CT)	\$0	20% co-insurance	20% co-insurance
19	Radiation Therapy co-pay	20% co-insurance	20% co-insurance	20% co-insurance
20	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance
ADDITIONAL BENEFITS (not in Medicare)				
22	Hearing: Routine hearing loss exams and Hearing Aids	20% routine exam (\$250 Max); 20% (\$1,000 Max) hearing aids/yr	20% routine exam; 20% (\$1,250 Max) hearing aids/yr	\$0 routine exam; \$2,500 credit for up to 2 hearing aids/2yrs
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$15 routine exam; \$15 (\$175 Max) for eyewear/2yrs	20% routine exam; 20% (\$250 Max) for contact/6mth, lenses&frames/2yrs	\$0 routine exam; \$100 credit for eyewear/2yrs
24	Dental	\$0 Preventative (\$500 Max/yr) \$0 Restorative (\$500 Max/qtr)	\$0 Preventative (\$500 Max/yr) \$0 Restorative (\$500 Max/qtr)	Not Covered
25	Transportation to approved destinations	\$0 (no limit)	\$0 (no limit)	\$0 up to 36 one-way trips
26	Fitness Benefits	Silver&Fit or 2 home fitness kits	Silver&Fit or 2 home fitness kits	Renew Active
27	Other Benefits Included	\$75 OTC Credit/qtr, \$0 for 6 routine footcare, \$0 for opioid treatment	\$75 OTC Credit/qtr, \$0 for 6 routine footcare	NurseLine, \$0 for 4 routine footcare, \$0 for opioid treatment, \$100 OTC credit/qtr
28	Optional Benefits Available for Extra Monthly Premium	None	None	None
PRESCRIPTION DRUGS (PART D)				
(All prices reflect preferred pharmacy) Until the annual cost paid by both you and the plan, reaches \$4,130, you pay:				
29	Drug Deductible	\$0	\$0 T1; \$445 T2-5	\$445
		30d 90d 90d mail	30d 90d 90d mail	30d 90d 90d mail
30	Tier 1 (Preferred Generic)	\$0 \$0 \$0	\$0 \$0 \$0	25% co-ins
31	Tier 2 (Non-Pref. Generic)	\$5 \$12 \$10	25% co-ins	
32	Tier 3 (Preferred Brand)	\$45 \$110 \$90		
33	Tier 4 (Non-Pref. Brand)	\$90 \$225 \$180		
34	Specialty	33% co-ins		
You and Plan pay \$4,130, then you pay 25% generic, 25% brand until you've paid \$6,550. Then you pay:				
35	Generic / All Other	greater of 5% or \$3.70/\$9.20	greater of 5% or \$3.70/\$9.20	greater of 5% or \$3.70/\$9.20
36	Add'l drug benefits	Select Insulin Drugs copay \$0; T6 (Select Care) \$3 copay in Initial Coverage; \$0 copay for T1-2 during Coverage Gap	\$0 copay for T1-2 during Coverage Gap	

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