

2022 Medicare Advantage Plan (HMOs) Special Needs Plans: C-SNPs and I-SNPs Comparison Chart for Contra Costa County

ABOUT THIS CHART

In Contra Costa County, in 2022 five Special Needs Plans (SNPs) are offered for certain groups of people. Three are intended for persons who have certain chronic medical conditions, and two are for persons in, or eligible for, institutional care. These plans provide all Medicare Part A and Part B health care and services. This Comparison Chart is a summary only and may be subject to change.

The information on the chart is for individual HMO plans only. 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'.

Three plans shown on Page 1 of 2 are designed for those individuals with Medicare Parts A and B with specified severe or disabling chronic conditions. The chronic conditions are listed just below the plan name. The *Brand New Day Embrace Choice Plan* is designed for those who also have full Medi-Cal status.

Two plans shown on Page 2 of 2 are designed for Individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility. With these plans, you will get all or most of the medical and support services you require in one place. The plans have contracts with those facilities that include adherence to the plan's approved Model Of Care. This typically eliminates the need to travel for preventive care, such as vaccinations and mammograms. It also reduces the need for stressful and disruptive emergency room visits and hospital stays. The *Brand New Day Select Choice II Plan* is designed for those who also have full Medi-Cal status.

All five plans are required to verify the applicant's special needs status. CMS provides a Special Enrollment Period (SEP) for individuals enrolled in an SNP, but who are no longer eligible because they no longer meet the specific special needs status. The plan must send the appropriate notice to the beneficiary explaining their disenrollment.

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 cannot also have a separate stand-alone Part D drug plan.

Please see 2022 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County for:

- SOME RULES FOR ALL PLANS
- JOINING A PLAN
- CHANGING PLANS
- SOME CONSIDERATIONS FOR CHOOSING A PLAN

Always verify coverage details with the Medicare Advantage plan, including that your preferred physicians and hospitals are in the plan's network and then confirm plan participation with your physician(s).

Footnotes:

- (1) Primary Care Physician and specialists must belong to the same medical group (IPA)
- (2) 2021 Medicare cost sharing for inpatient hospitalization and inpatient mental health: \$1,480 deductible for each benefit period, Days 1-60: \$0, Days 61-90: \$371/day, Days 91 and beyond: \$742 "lifetime reserve day"
- (3) 2021 Medicare cost sharing for SNF: Days 1-20: \$0, Days 21-100: \$185.50/day, Days 101 and beyond: all costs

**Information provided by Contra Costa HICAP
Health Insurance Counseling and Advocacy Program
925-655-1393 or 800-510-2020 or 800-434-0222**



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2022 MAPD for People with Special Needs (1 of 2) Chronic Disease Special Need Plans (C-SNPs)

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	HMO NAME	Imperial Senior Value (Chronic Disease-SNP)	Brand New Day Embrace Care (Chronic Disease-SNP)	Brand New Day Embrace Choice (Chronic Disease-SNP)
	Please contact the HMO for more specific info and provider lists. All services are Medicare covered unless stated.	Diabetes including pre-diabetes, CV Disorder including High Blood Pressure and Stroke, Congestive Heart Failure (Confirm with Plans)		
		1-800-838-5914 (prospective) 1-800-838-8271 (current) www.ImperialHealthplan.com	1-866-255-4795 (prospective) 1-866-255-4795 (current) www.bndhmo.com	1-866-255-4795 (prospective) 1-866-255-4795 (current) www.bndhmo.com
	Medicare Plan ID Number	H5496-005	H0838-047	H0838-040-2
	Medicare Star Rating	★★1/2	★★★1/2	★★★1/2
1	HMO Monthly Premium	\$0	\$55	\$33.20 or \$0 with MediCal
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	John Muir; Sutter Delta; San Ramon Regional; Alta Bates	John Muir; Sutter Delta; San Ramon Regional; Alta Bates
4	Inpatient Hospitalization (Check with plan after 90 days)	\$0 Day 1-90	\$0 per stay	Medicare cost sharing (2) \$0 if MediCal
5	Inpatient Mental Health (Check with plan after 90 days)	\$0 per day Days 1-60 \$371 per day Days 61-90	\$0 per stay	Medicare cost sharing (2) \$0 if MediCal
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$164.50/D Days 21-100	\$0/D Days 1-20 \$185.50/D Days 21-100	Medicare cost sharing (3) \$0 if MediCal
OUTPATIENT SERVICES (PART B)				
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Imperial Health Holdings (no distance limit); Others see directory	John Muir Phys; Hills Phys	John Muir Phys; Hills Phys
8	Doctor's Office Visit co-pay	\$0-PCP;\$0-spec; virtual same	\$0-PCP;\$0-spec; virtual same	20% co-insurance \$0 if MediCal
9	Mental Health/Substance Abuse	20% co-insurance - non-phys; \$0 - psychiatrist	20% co-insurance - individual; \$0 - group	\$40 individual/group \$0 if MediCal
10	Outpatient Surgery or Procedure co-pay	\$0	\$0-200	20% co-insurance \$0 if MediCal
11	Ambulance co-pay	\$125-ground; 20%-air	\$0-200	20% co-insurance \$0 if MediCal
12	Emergency Rm. visit co-pay	\$0 (Outside US up to \$50k)	\$100 (Outside US up to \$50k)	\$90 (Outside US up to \$50k) \$0 if MediCal
13	Urgent Need Services co-pay	\$0 (Outside US up to \$50k)	\$0	\$0
14	Rehab. (PT, Cardio) co-pay	\$0 - PT/OT; 20% - Cardiac	\$10 - PT/OT; \$0 - Cardiac	\$40 - PT/OT; 20% - Cardiac \$0 if MediCal
15	Durable Medical Equip & Prosth. copay	20% co-insurance	20% co-insurance	20% co-insurance \$0 if MediCal
16	X-rays co-pay	\$0	\$0	20% co-insurance \$0 if MediCal
17	Diagnostic Lab Serv. co-pay	\$0	\$0	20% co-insurance \$0 if MediCal
18	Radiology Diag. Tests co-pay (MRI, CT)	\$0	\$100	20% co-insurance \$0 if MediCal
19	Radiation Therapy co-pay	20% co-insurance	20% co-insurance	20% co-insurance \$0 if MediCal
20	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance \$0 if MediCal
21	Kidney Dialysis	20% co-insurance	20% co-insurance	20% co-insurance \$0 if MediCal
ADDITIONAL BENEFITS (not in Medicare)				
22	Hearing: Routine hearing loss exams and Hearing Aids	20% routine exam (\$250 allowance); 20% hearing aids (\$1,250 allowance)	\$0 routine exam; \$149 per hearing aid, 2 aids/3yr	\$0 routine exam; \$149-999 per hearing aid, 2 aids/3yr
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$250 eyewear allowance	\$0 routine exam; \$175 eyewear allowance	\$0 routine exam; \$175 eyewear allowance
24	Dental	\$0 copay for covered services every year up to \$2000	\$0 for preventive, see plan doc for others	\$0 for preventive, see plan doc for others
25	Transportation to approved destinations	\$0 (no limit)	\$0 (no limit)	\$0 (no limit)
26	Fitness Benefits	Silver&Fit or home fitness kit	SilverSneakers	SilverSneakers
27	Other Benefits Included	\$120 OTC Credit/qtr, \$0 for 6 routine footcare, \$0 for opioid treatment, Up to 7 home-delivered meals	Nurse Line, \$40 OTC Credit/qtr, meal programs, \$0 for opioid treatment	Nurse Line, \$210 OTC Credit/qtr, \$30/month food allowance, meal programs
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 \$4,430, you pay:				
29	Drug Deductible	\$0	\$0 - T1; \$50 T2-5	\$480 \$0 if MediCal
		30d 90d 90d mail	30d 90d 100d mail	30d 90d 100d mail
30	Tier 1 (Preferred Generic)	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
31	Tier 2 (Non-Pref. Generic)	\$5 \$12 \$10	\$12 \$36 \$24	25% co-insurance \$0-4 if MediCal
32	Tier 3 (Preferred Brand)	\$45 \$110 \$90	\$47 \$141 \$94	
33	Tier 4 (Non-Pref. Brand)	\$90 \$225 \$180	\$100 \$300 \$200	
34	Specialty	33% co-ins	30% co-ins	
You and Plan pay \$4,430, then you pay 25% generic, 25% brand until you've paid \$7,050. Then you pay:				
35	Generic / All Other	greater of 5% or \$3.95/\$9.85	greater of 5% or \$3.95/\$9.85	greater of 5% or \$3.95/\$9.85 \$0-4 if MediCal
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	Select Insulin Drugs copay \$0-35, T6 (Select Care) \$0	T6 (Select Care) \$0

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including that your preferred physicians and hospitals are in the plan's network**

2022 MAPD for People with Special Needs (2 of 2)
Institutional Special Need Plans (I-SNPs)

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HMO NAME		Brand New Day Select Care II (Institution-SNP)			Brand New Day Select Choice II (Institution-SNP)		
Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.		Institutional level of care, at home or LTC facility 1-866-255-4795 (prospective) 1-866-255-4795 (current) www.bndhmo.com			Institutional level of care, at home or LTC facility 1-866-255-4795 (prospective) 1-866-255-4795 (current) www.bndhmo.com		
Medicare Plan ID Number		H0838-043			H0838-045		
Medicare Star Rating		★★★1/2			★★★1/2		
1	HMO Monthly Premium	\$0			\$33.20 or \$0 with MediCal		
2	Out-of-Pocket Limit (Parts A&B only)	\$3,450			\$7,550		
INPATIENT SERVICES (PART A)							
3	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Regional; Alta Bates			John Muir; Sutter Delta; San Ramon Regional; Alta Bates		
4	Inpatient Hospitalization (Check with plan after 90 days)	\$150 per day Days 1-6			Medicare cost sharing (2) \$ 0 w/MediCal		
5	Inpatient Mental Health (Check with plan after 90 days)	\$150 per day Days 1-6			Medicare cost sharing (2) \$ 0 w/MediCal		
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$185.50/D Days 21-100			Medicare cost sharing (3) \$ 0 w/MediCal		
OUTPATIENT SERVICES (PART B)							
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	John Muir Phys; Hills Phys			John Muir Phys; Hills Phys		
8	Doctor's Office Visit co-pay	\$0-PCP;\$10-spec; virtual same			20% co-insurance \$ 0 w/MediCal		
9	Mental Health/Substance Abuse	\$10 - individual; 20% co-insurance - group			\$40-psych; 20%-non-psych \$ 0 w/MediCal		
10	Outpatient Surgery or Procedure co-pay	\$200			20% co-insurance \$ 0 w/MediCal		
11	Ambulance co-pay	\$85			20% co-insurance \$ 0 w/MediCal		
12	Emergency Rm. visit co-pay	\$120 (Outside US up to \$50k)			\$90 (Outside US up to \$50k) \$ 0 w/MediCal		
13	Urgent Need Services co-pay	\$0			\$0		
14	Rehab. (PT, Cardio) co-pay	\$10 - PT/OT; \$0 - Cardiac			\$40-PT; \$35-OT; 20%-Cardiac \$ 0 w/MediCal		
15	Durable Medical Equip & Prosth. copay	20% co-insurance			20% co-insurance \$ 0 w/MediCal		
16	X-rays co-pay	\$0			20% co-insurance \$ 0 w/MediCal		
17	Diagnostic Lab Serv. co-pay	\$0			0-20% co-insurance \$ 0 w/MediCal		
18	Radiology Diag. Tests co-pay (MRI, CT)	\$100			20% co-insurance \$ 0 w/MediCal		
19	Radiation Therapy co-pay	\$0			20% co-insurance \$ 0 w/MediCal		
20	Chemo. - Part B drugs	20% co-insurance			20% co-insurance \$ 0 w/MediCal		
21	Kidney Dialysis	\$0			20% co-insurance \$ 0 w/MediCal		
ADDITIONAL BENEFITS (not in Medicare)							
22	Hearing: Routine hearing loss exams and Hearing Aids	\$0 routine exam; \$699-999 per hearing aid, 2 aids/3yr			\$0 routine exam; \$149-999 per hearing aid, 2 aids/3yr		
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$175 eyewear allowance			\$0 routine exam; \$175 eyewear allowance		
24	Dental	\$0 for preventive, see plan doc for others			\$0 for preventive, see plan doc for others		
25	Transportation to approved destinations	\$0 (no limit)			\$0 (no limit)		
26	Fitness Benefits	SilverSneakers			SilverSneakers		
27	Other Benefits Included	Nurse Line, \$50 OTC Credit/6 months, \$0 for opioid treatment			Nurse Line, \$300 OTC Credit/qtr, \$0 for 6 routine footcare		
28	Optional Benefits Available for Extra Monthly Premium	None			None		
PRESCRIPTION DRUGS (PART D)							
(All prices reflect preferred pharmacy) Until the annual cost paid by both you and the plan, reaches \$4,430, you pay:							
29	Drug Deductible	\$0			\$480 \$0 if MediCal		
		30d	90d	100d mail	30d	90d	100d mail
30	Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0
31	Tier 2 (Non-Pref. Generic)	\$12	\$36	\$24	25% co-insurance \$0-4 if MediCal		
32	Tier 3 (Preferred Brand)	\$47	\$141	\$94			
33	Tier 4 (Non-Pref. Brand)	\$100	\$300	\$200			
34	Specialty	33% co-ins					
You and Plan pay \$4,430, then you pay 25% generic, 25% brand until you've paid \$7,050. Then you pay:							
35	Generic / All Other	greater of 5% or \$3.95/\$9.85			greater of 5% or \$3.95/\$9.85 \$0-4 if MediCal		
36	Add'l drug benefits	T6 (Select Care) \$0			T6 (Select Care) \$0		

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