

# **2023 Medicare Advantage Plans For "Full Duals" (Medicare and full Medi-Cal)**

## **Comparison Chart for Contra Costa County**

### **ABOUT THIS CHART**

In Contra Costa County, in 2023 several Medicare Advantage plans are designed for persons who have Medicare plus full scope Medi-Cal. 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.

Medicare Advantage plans are private insurance plans that are approved and subsidized by Medicare. They offer equivalent benefits to Medicare, including drug coverage. 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.

Three plans shown on page 1 of 3 are only for individuals on Medicare (Parts A and B) who also have full Medi-Cal. These are certified as Dual-Special Needs Plans (D-SNPs). 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.

Participants in one of these three D-SNPs 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.

Two other plans shown on page 2 of 3 of this document are also intended for persons with Medicare (Parts A and B) and full Medi-Cal. These 2 plans are not certified as D-SNPs and do not coordinate the delivery of covered Medicare and Medicaid health services. 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. If you join one of these 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. Other individuals eligible to join a Medicare Advantage Plan may join these plans, but they must pay the plan premium and applicable copays. One Plan shown on page 3 of 3 is designed for only those who are also eligible for Extra Help and functions much like the 2 plans mentioned above if one is also eligible for Full Medi-Cal.

These plans include prescription drug coverage (Medicare Part D), and pricing shown is for those who are designated as eligible for "Extra Help" by the Social Security Administration. You will pay a small copay for your covered drugs. If you do not have Extra Help, prices for medications are typically 25% of the retail price.

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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.

**Always verify coverage details with the Medicare Advantage plan, including your preferred physician(s) and hospital(s) are in the plan's network. Also confirm that your physician(s) and hospital(s) participate in the plan's network.**

Please see 2023 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County for these details:

- SOME RULES FOR ALL PLANS
- JOINING A PLAN
- CHANGING PLANS (Full Duals can change plans anytime once a quarter for the first 3 quarters)
- SOME CONSIDERATIONS FOR CHOOSING A PLAN

### Some Reminders

- Primary Care Physician and specialists must belong to the same medical group.
- 2023 Medicare cost sharing for inpatient hospitalization and inpatient mental health: Deductible \$1,600 for each benefit period. Days (1-60) \$0, Days (61-90) \$400 per day, Days (91 and beyond) \$800 lifetime reserve days.
- 2023 Medicare cost sharing for skilled nursing facilities: (Days 1–20) \$0, (Days 21–100) \$200 per day, (Days 101 and beyond) responsible for all costs.

### Contra Costa County Health Insurance Counseling and Advocacy Program HICAP

Contact Us: 925-655-1393, 1-(800) 510-2020 or 1-(800) 434-0222

Email: [ehsdhicap@ehsd.cccounty.us](mailto:ehsdhicap@ehsd.cccounty.us) Visit: [www.cchicap.org](http://www.cchicap.org)



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**2023 MAPD for Full Duals (1 of 2)  
Dual Eligible Special Needs Plans (D-SNPs)**

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	<b>HMO NAME</b>	<b>Kaiser Permanente Sr. Advantage</b>	<b>Imperial Dual</b>	<b>Brand New Day Dual Access</b>
	Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.	1-800-777-1238 (prospective) 1-800-443-0815 (current) www.kp.org/medicare	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
	Medicare Plan ID Number	H0524-030-0	H5496-011	H0838-024
	Medicare Star Rating	★★★★	★★1/2	★★★
1	HMO Monthly Premium	\$0	\$0	\$0
2	Out-of-Pocket Limit (Parts A&B only)	\$0	\$0	\$0
<b>INPATIENT SERVICES (PART A)</b>				
3	Hospitals in Network (As directed, except emergency)	Kaiser	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; Others see directory	John Muir; Sutter Delta; San Ramon Regional; Alta Bates
4	Inpatient Hospitalization (Check with plan after 90 days)	\$0	\$0	\$0
5	Inpatient Mental Health (Check with plan after 90 days)	\$0	\$0	\$0
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0	\$0	\$0
<b>OUTPATIENT SERVICES (PART B)</b>				
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Kaiser	Imperial Health Holdings (no distance limit); Others see directory	John Muir Phys; Hill Phys
8	Doctor's Office Visit co-pay	\$0	\$0	\$0
9	Mental Health/Substance Abuse	\$0	\$0	\$0
10	Outpatient Surgery or Procedure co-pay	\$0	\$0	\$0
11	Ambulance co-pay	\$0	\$0	\$0
12	Emergency Rm. visit co-pay	\$0 Worldwide	\$0 (Outside US up to \$50k)	\$0 (\$90 Outside US up to \$50k)
13	Urgent Need Services co-pay	\$0	\$0 (Outside US up to \$50k)	\$0
14	Rehab. (PT, Cardio) co-pay	\$0	\$0	\$0
15	Durable Medical Equip & Prosth. copay	\$0	\$0	\$0
16	X-rays co-pay	\$0	\$0	\$0
17	Diagnostic Lab Serv. co-pay	\$0	\$0	\$0
18	Radiology Diag. Tests co-pay (MRI, CT)	\$0	\$0	\$0
19	Radiation Therapy co-pay	\$0	\$0	\$0
20	Chemo. - Part B drugs	\$0	\$0	\$0
21	Kidney Dialysis	\$0	\$0	\$0
<b>ADDITIONAL BENEFITS (not in Medicare)</b>				
22	Hearing: Routine hearing loss exams and Hearing Aids	No additional	20% routine exam; 20% hearing aids (\$2,500 allowance)	\$0 routine exam; \$149 per hearing aid, 2 aids/3yr
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$350 eyewear allowance	\$0 routine exam; \$260 eyewear allowance	\$0 routine exam; \$300 eyewear allowance
24	Dental	Comprehensive dental care through DeltaCare	\$0 routine (\$500 Max/yr) \$0 non-routine (\$2000 Max/yr)	\$0 for preventive, see plan doc for others
25	Transportation to approved destinations	Not covered	\$0 (no limit)	\$0 up to 48 one-way trips
26	Fitness Benefits	Silver&Fit or home fitness kit	Silver&Fit or home fitness kit	SilverSneakers
27	OTC/Flex Card Credit	\$100 OTC Credit/qtr	\$120 OTC Credit/qtr	\$180 OTC Credit/qtr
28	Optional Benefits Available for Extra Monthly Premium	None	None	None
<b>PRESCRIPTION DRUGS (PART D)</b>				
29	Drug Deductible	\$0	\$0	\$0
30	Per Prescription (at 2022 rate)			
31	Generic	\$0-\$1.45	\$0-\$1.45	\$0-\$1.45
32	Brand	\$0-\$4.30	\$0-\$4.30	\$0-\$4.30

**Must have full Medi-Cal to enroll. Members who lose full Medi-Cal benefits and do not regain them within 120 days will be disenrolled.**

**2023 MAPD for Full Duals (2 of 2)  
Medicare/Medi-CAL/QMB Plans**

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HMO NAME		Central Health Premier Plan II	UnitedHealthcare Assure
Remark Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.		<b>Prem. &amp; co-pay \$0 for Full Duals</b> 1-866-314-2427 (prospective) 1-866-314-2427 (current) www.centralhealthplan.com	<b>Prem. &amp; co-pay \$0 for Full Duals</b> 1-800-555-5757 (prospective) 1-844-808-4553 (current) www.UHC MedicareSolutions.com
Medicare Plan ID Number		H5649-021-002	H0543-183
Medicare Star Rating		★★★1/2	★★★★
1	HMO Monthly Premium	\$34.50 or \$0 with MediCal	\$27.50 or \$0 with MediCal
2	Out-of-Pocket Limit (Parts A&B only)	\$6,700	\$8,300
<b>INPATIENT SERVICES (PART A)</b>			
3	Hospitals in Network (As directed, except emergency)	None in Contra Costa Call Plan	Alta Bates; San Ramon Regional; Sutter Delta; (John Muir and others with limits)
4	Inpatient Hospitalization (Check with plan after 90 days)	Medicare cost sharing (2)   \$ 0 w/MediCal	The lesser of \$1,556/stay and Medicare cost sharing (2)   \$ 0 w/MediCal
5	Inpatient Mental Health (Check with plan after 90 days)	Medicare cost sharing (2)   \$ 0 w/MediCal	
6	Skilled Nursing Care (100 days each Medicare Benefit period)	Medicare cost sharing (3)   \$ 0 w/MediCal	Medicare cost sharing (3)   \$ 0 w/MediCal
<b>OUTPATIENT SERVICES (PART B)</b>			
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Hill Phys	Select Physicians in Affinity EB; Hill Phys EB; Sutter EB; Brown&Toland EB
8	Doctor's Office Visit co-pay	\$0   \$ 0 w/MediCal	20% co-insurance; \$0 virtual   \$ 0 w/MediCal
9	Mental Health/Substance Abuse	\$0   \$ 0 w/MediCal	20% co-insurance; \$0 virtual   \$ 0 w/MediCal
10	Outpatient Surgery or Procedure co-pay	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
11	Ambulance co-pay	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
12	Emergency Rm. visit co-pay	20% coins (\$0 Outside US up to \$100k)   \$ 0 w/MediCal	\$90 (\$0 Outside US)   \$ 0 w/MediCal
13	Urgent Need Services co-pay	20% coins (\$0 Outside US up to \$100k)   \$ 0 w/MediCal	\$40 (\$0 Outside US)   \$ 0 w/MediCal
14	Rehab. (PT, Cardio) co-pay	\$0   \$ 0 w/MediCal	OT/PT-20%, Cardiac-\$0   \$ 0 w/MediCal
15	Durable Medical Equip & Prosth. copay	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
16	X-rays co-pay	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
17	Diagnostic Lab Serv. co-pay	\$0   \$ 0 w/MediCal	\$0   \$ 0 w/MediCal
18	Radiology Diag. Tests co-pay (MRI, CT)	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
19	Radiation Therapy co-pay	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
20	Chemo. - Part B drugs	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
21	Kidney Dialysis	20% co-insurance   \$ 0 w/MediCal	20% co-insurance   \$ 0 w/MediCal
<b>ADDITIONAL BENEFITS (not in Medicare)</b>			
22	Hearing: Routine hearing loss exams and Hearing Aids	\$0 routine exam; \$2000 allowance/yr	\$0 routine exam; \$2,500 credit for up to 2 hearing aids/yr
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$300 eyewear allowance	\$0 routine exam; \$100 credit for eyewear/yr
24	Dental	\$0 for preventive, see plan doc for others	Not Covered
25	Transportation to approved destinations	\$0 up to 48 one-way trips	\$0 up to 36 one-way trips
26	Fitness Benefits	SilverSneakers	Renew Active
27	OTC/Flex Card Credit	\$440 Flex Card/qtr	\$110 OTC Credit/qtr
28	Optional Benefits Available for Extra Monthly Premium	None	None
<b>PRESCRIPTION DRUGS (PART D)</b>			
29	Drug Deductible	\$0   \$ 0 w/MediCal	\$505   \$ 0 w/MediCal
30	Per Prescription (at 2022 rate)		
31	Before you've paid \$7,400, Generic	\$0   \$0-\$1.45 w/MediCal	25% co-insurance   \$0-\$1.45 w/MediCal
32	Brand	T3 \$35, T4 \$75, T5 33%   \$0-\$4.30 w/MediCal	25% co-insurance   \$0-\$4.30 w/MediCal
33	After you've paid \$7,400,	greater of 5% or \$4.15/\$10.35   same as above	greater of 5% or \$4.15/\$10.35   same as above

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

## 2023 MAPD for Medicare Beneficiaries with Extra Help

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	<b>HMO NAME</b>	<b>WellCare Assist</b> (For people w/Extra Help Only) 1-866-277-6583 (prospective) 1-800-275-4737 (current) wellcare.healthnetcalifornia.com		
	Remark Please contact the HMO for more specific info and provider lists. All services are Medicare covered only unless stated.			
	Medicare Plan ID Number	H0562-127		
	Medicare Star Rating	★★★		
1	HMO Monthly Premium	\$10.30		
2	Out-of-Pocket Limit (Parts A&B only)	\$4,500		
<b>INPATIENT SERVICES (PART A)</b>				
3	Hospitals in Network (As directed, except emergency)	Sutter Delta; San Ramon Regional		
4	Inpatient Hospitalization (Check with plan after 90 days)	\$350/D Days 1-5		
5	Inpatient Mental Health (Check with plan after 90 days)	\$350/D Days 1-4		
6	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$196/D Days 21-50 \$0/D Days 51-100		
<b>OUTPATIENT SERVICES (PART B)</b>				
7	Doctor Groups in Network (Always verify plan with your doctors) (1)	Hill Phys CC; Sutter EB; Brown & Toland		
8	Doctor's Office Visit co-pay	\$0-PCP;\$5-spec		
9	Mental Health/Substance Abuse	\$25-individual/group		
10	Outpatient Surgery or Procedure co-pay	\$125-Amb. Surg. Ctr.; \$275-Hospital		
11	Ambulance co-pay	\$250 - ground, air		
12	Emergency Rm. visit co-pay	\$110 (Outside US up to \$50k)		
13	Urgent Need Services co-pay	\$0 (\$110 Outside US up to \$50k)		
14	Rehab. (PT, Cardio) co-pay	\$5-OT/PT		
15	Durable Medical Equip & Prosth. copay	20% co-insurance		
16	X-rays co-pay	\$0		
17	Diagnostic Lab Serv. co-pay	\$0		
18	Radiology Diag. Tests co-pay (MRI, CT)	\$275		
19	Radiation Therapy co-pay	20% co-insurance		
20	Chemo. - Part B drugs	20% co-insurance		
21	Kidney Dialysis	20% co-insurance		
<b>ADDITIONAL BENEFITS (not in Medicare)</b>				
22	Hearing: Routine hearing loss exams and Hearing Aids	\$0 routine exam; \$500 hearing aid allowance/ear/yr		
23	Eye Exams and Glasses (Medicare requires 1 pair after cataract surg.)	\$0 routine exam; \$200 eyewear allowance		
24	Dental	\$0 for preventative, \$0 copay for certain comprehensive		
25	Transportation to approved destinations	24 one-way trips		
26	Fitness Benefits	Fitness credits		
27	OTC/Flex Card Credit	\$100 OTC Credit/qtr, \$200 Flex Card/yr		
28	Optional Benefits Available for Extra Monthly Premium	None		
<b>PRESCRIPTION DRUGS (PART D)</b>				
		(All prices reflect preferred pharmacy) Until the annual cost paid by both you and the plan, reaches \$4,660, you pay:		
29	Drug Deductible	\$0 T1; \$505 T2-5		
		30d	90d	90d mail
30	Tier 1 (Preferred Generic)	\$0	\$0	\$0
31	Tier 2 (Non-Pref. Generic)	\$20	\$60	\$0
32	Tier 3 (Preferred Brand)	\$47	\$141	\$94
33	Tier 4 (Non-Pref. Brand)	49%	49%	49%
		Specialty 25% co-ins		
		You and Plan pay \$4,660, then you pay 25% generic, 25% brand until you've paid \$7,400. Then you pay:		
		Generic / All Other greater of 5% or \$4.15/\$10.35		
		Add'l drug benefits		

**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**