

# 2023 Medicare Advantage Plan with Prescription Coverage Comparison Chart for Contra Costa County

## ABOUT THIS CHART

This Comparison Chart is an abbreviated summary only. The information listed is extracted from each plan's published "Summary of Benefits", a copy of which is available from the plan or from HICAP upon request. That represents the official representation of coverage and pricing. The information on the chart is for individual Medicare Advantage 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 that are approved and subsidized by Medicare. They offer equivalent benefits to Medicare, including drug coverage. Joining a Medicare Advantage plan means you may not typically use your Medicare benefit outside the plan. These plans may offer benefits in addition to those found in traditional Medicare. Some benefits are listed at the bottom of the chart. These plans are open to anyone with Medicare Parts A and B, including those under age 65 on Medicare due to disability, regardless of their health condition.

## SOME RULES FOR ALL PLANS

Most plans in Contra Costa County are Health Maintenance Organizations — HMO's. This means you must use the network providers. Plans contract with physician groups and hospitals listed in 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. One plan (Anthem MediBlue) is a PPO that allows you to see providers without referrals and those outside the Anthem network at substantially higher costs. The standard Medicare Part D rules, such as formulary limitations, drug restrictions, coverage phases, etc., apply to all Medicare Advantage 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 Annual Enrollment Period (October 15, 2022 to December 7, 2022). Coverage starts January 1, 2022 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 may also join any plan with a 5 star rating by Medicare once between December 8 and November 30 the following year. You can call the phone numbers on the chart to enroll or more quickly by using the Enrollment button in Medicare's Planfinder WEB tool. When you enroll, your prior Medicare Advantage or Prescription Drug plan will automatically be canceled when the new plan is effective.

## CHANGING PLANS

From January 1, 2022 through March 31 of 2023, 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. And you can change plans in the Annual Enrollment Period in the Fall for a January first effective date.

## SOME CONSIDERATIONS FOR CHOOSING A PLAN

1. Does the plan cover your favorite doctors and hospitals? Note: For HMO's the Primary Care Physician and Specialists must belong to the same medical group (also known as IPA - Independent Practitioner Association). For the one PPO plan, network providers have an individual contract with Anthem.
2. What is the monthly premium (in addition to Medicare Part B)?
3. What are the co-pays and deductibles for the services you need, such as doctor's visits, surgery, and chemotherapy? What is the out-of-pocket maximum that limits what you might have to pay for medical costs (excluding drugs and premiums)?
4. Does the plan cover your specific prescription drugs? Use Medicare's Plan Finder to check. There is a link on the chart.
5. What are additional benefits you would like to have and will the plan meet your specific needs (i.e. your dentist)?

## HERE IS A SUMMARY OF DOCTORS NETWORKS

PLANS	DOCTOR GROUPS					
	Kaiser	John Muir	Hill Physicians	Sutter	Brown & Toland	Imperial
Kaiser (All)	<input checked="" type="checkbox"/>					
Humana Community		<input checked="" type="checkbox"/>				
Brand New Day		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
UHC Canopy		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Anthem MediBlue		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Humana Gold		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Central Health			<input checked="" type="checkbox"/>			
Wellcare (All)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
UHC AARP Plan 1			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Imperial (All)						<input checked="" type="checkbox"/>

Always verify coverage details with the Medicare Advantage Plan, including if your preferred physician(s) and hospital are in the plan's network. Also, confirm if your preferred physician(s) and hospital participates in the plan's network. **Primary Care Physician and Specialists must belong to the same medical group for the HMO plans.**

### 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)






Navigating Medicare






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1	HMO NAME New Contact Information Current	Brand New Day Classic Care III 866-255-4795 866-255-4795 www.bndhmo.com	Humana Gold Plus 800-833-2364 800-457-4708 www.humana-medicare.com	Humana Community 800-833-2364 800-457-4708 www.humana-medicare.com
2	Plan ID / <a href="#">Link to Benefits</a>	<a href="#">H0838-46</a>	<a href="#">H5619-029</a>	<a href="#">H5619-138</a>
3	Medicare Star Rating	★★★	★★★★	★★★★
4	HMO Monthly Premium	\$55	\$68	\$55
5	Out-of-Pocket Limit A&B	\$2,999	\$5,900	\$2,700
<b>INPATIENT (PART A)</b>				
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Regional; Alta Bates	John Muir; Sutter Delta; San Ramon Regional	John Muir; San Ramon Regional
7	Inpatient Hospitalization	\$250/D Days 1-5	\$370/D Days 1-4	\$285/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$200/D Days 21-100	\$0/D Days 1-20 \$172/D Days 21-55 \$0/D Days 56-100	\$0/D Days 1-20 \$172/D Days 21-55 \$0/D Days 56-100
<b>OUTPATIENT (PART B)</b>				
9	Doctor Groups in Network (Always verify plan with providers)	 John Muir Phys; Hill Phys	 John Muir Phys; Hill Phys; Sutter EB	 John Muir Phys
10	Doctor's Office Visit co-pay	\$0-PCP;\$10-spec; \$0-virtual	\$0-PCP;\$15-spec; virtual same	\$0-PCP;\$5-spec; virtual same
11	Outpatient Surgery or Procedure co-pay	\$200	\$75-Amb. Surg. Ctr.; \$100-Hospital	\$100-Amb. Surg. Ctr.; \$150-Hospital
12	Ambulance co-pay	\$200	\$265-ground; 20%-air	\$250-ground; 20%-air
13	Emergency Rm. visit co-pay	\$100 (Outside US up to \$50k)	\$90 Worldwide	\$90 Worldwide
14	Urgent Need Services (USA)	\$0	\$15 (virtual \$0)	\$40 (virtual \$0)
15	Radiology Tests (MRI, CT)	\$200	\$75- \$100	\$0
16	Durable Medical Equipment	20% co-insurance	20% co-insurance	20% co-insurance
17	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance
<b>ADDITIONAL BENEFITS</b>				
18	Hearing: Routine hearing loss exams and Aids	\$0 exam; \$149 per aid, 2 aids/3yr	\$0 rout. exam; \$699- \$999 aids 1/ear/yr	No additional
19	Eye Exams and Glasses	\$0 routine exam; \$300 allowance	No additional	No additional
20	Dental Included with Plan	\$0 for preventive, see plan doc for others	Not Covered - see rider below	2 free exams, \$0 for some (up to \$1,000)
21	Transp. to approved location	\$0 up to 24 trips	Not Covered	\$0 up to 24 trips
22	Fitness Benefits	SilverSneakers	SilverSneakers	SilverSneakers
23	OTC/Flex Card Credit	\$60 OTC Credit/qtr	None	\$45 OTC Credit/qtr
24	Optional Benefits Available for Extra Monthly Premium	None	Dental and/or Vision \$20.10-\$30.90/mo	Dental and/or Vision \$16.10-\$48.40/mo
<b>PRESCRIPTION DRUGS (PART D)</b>				
25	Drug Deductible	\$0 - T1; \$50 T2-5	\$0 T1-2; \$400 T3-5	\$0 T1-3; \$100 T4-5




See [PlanFinder](#) at Medicare.gov for more detailed pricing for your medications.

1	HMO NAME	Central Health Premier Plan I	Imperial Traditional	Imperial Dynamic
	New Contact Information Current	866-314-2427 866-314-2427 www.centralhealthplan.com	800-838-5914 800-838-8271 www.ImperialHealthplan.com	800-838-5914 800-838-8271 www.ImperialHealthplan.com
2	Plan ID / <a href="#">Link to Benefits</a>	<a href="#">H5649-020-001</a>	<a href="#">H5496-007</a>	<a href="#">H5496-012</a>
3	Medicare Star Rating	★★★1/2	★★1/2	★★1/2
4	HMO Monthly Premium	\$0	\$0	\$0
5	Out-of-Pocket Limit A&B	\$899	\$2,999	\$899
<b>INPATIENT (PART A)</b>				
6	Hospitals in Network (As directed, except emergency)	None in Contra Costa Call Plan	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; see dir.	Sutter Delta; San Ramon Regional; Alta Bates; UCSF; see dir.
7	Inpatient Hospitalization	\$0 per stay	\$0 if stay is ≤2 days \$150/D Days 1-5	\$0 Days 1-90
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$200/D Days 21-100	\$0/D Days 1-20 \$164. <sup>50</sup> /D Days 21-100	\$0/D Days 1-20 \$164. <sup>50</sup> /D Days 21-100
<b>OUTPATIENT (PART B)</b>				
9	Doctor Groups in Network (Always verify plan with providers)	 Hill Phys	 Imperial Health Holdings; See dir.	 Imperial Health Holdings; See dir.
10	Doctor's Office Visit co-pay	0	\$0-PCP;\$10-spec; \$0-virtual	0
11	Outpatient Surgery or Procedure co-pay	\$0	\$0	\$0
12	Ambulance co-pay	\$40	\$150-ground; 20%-air	\$125-ground; 20%-air
13	Emergency Rm. visit co-pay	\$50 (\$20 Outside US up to \$100k)	\$100 (\$0 Outside US up to \$50k)	\$100 (Up to \$50k Outside US)
14	Urgent Need Services (USA)	\$0	\$20	\$0
15	Radiology Tests (MRI, CT)	\$0	\$0	\$0
16	Durable Medical Equipment	20% co-insurance	20% co-insurance	20% co-insurance
17	Chemo. - Part B drugs	20% co-insurance	0%	20% co-insurance
<b>ADDITIONAL BENEFITS</b>				
18	Hearing: Routine hearing loss exams and Aids	\$0 routine exam; \$2000 allowance/yr	20% exam; 20% aids/yr (\$1,250 allow)	20% exam; 20% aids/yr (\$1,000 allow)
19	Eye Exams and Glasses	\$0 routine exam; \$300 allowance	\$0 routine exam; \$250 allowance	\$0 rout. exam; \$250 allowance
20	Dental Included with Plan	\$0 for preventive, see plan doc for others	\$0 rout. (\$500/yr) \$0 non-rout. (\$2K Max)	\$0 copay for covered services up to \$2000
21	Transp. to approved location	\$0 up to 48 trips	\$0 (no limit)	\$0 (no limit)
22	Fitness Benefits	SilverSneakers	Silver&Fit	Silver&Fit
23	OTC/Flex Card Credit	\$325 flex card/qtr	\$120 OTC Credit/qtr	\$120 OTC Credit/qtr
24	Optional Benefits Available for Extra Monthly Premium	None	None	None
<b>PRESCRIPTION DRUGS (PART D)</b>				
25	Drug Deductible	0	0	0

See [PlanFinder](#) at Medicare.gov for



1	HMO NAME New Contact Information Current	Kaiser Permanente Sr. Adv Basic 800-777-1238 800-443-0815 www.kp.org/medicare	Kaiser Permanente Sr. Adv Enhanced 800-777-1238 800-443-0815 www.kp.org/medicare	UnitedHealthcare Canopy Health 800-555-5757 844-723-6473 UHCMedicareSolutions.com
2	Plan ID / <a href="#">Link to Benefits</a>	<a href="#">H0524-061</a>	<a href="#">H0524-033</a>	<a href="#">H0543-189</a>
3	Medicare Star Rating	★★★★★	★★★★★	★★★★★
4	HMO Monthly Premium	\$0	\$70	\$47
5	Out-of-Pocket Limit A&B	\$6,000	\$3,900	\$2,900
<b>INPATIENT (PART A)</b>				
6	Hospitals in Network (As directed, except emergency)	Kaiser	Kaiser	John Muir; San Ramon; UCSF; see directory
7	Inpatient Hospitalization	\$265/D Days 1-5	\$195/D Days 1-5	\$290/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$100/D Days 21-100	\$0/D Days 1-20 \$100/D Days 21-100	\$0/D Days 1-20 \$196/D Days 21-35 \$0/D Days 36-100
<b>OUTPATIENT (PART B)</b>				
9	Doctor Groups in Network (Always verify plan with providers)	 Kaiser	 Kaiser	 Canopy (John Muir, Hill Phys, UCSF)
10	Doctor's Office Visit co-pay	\$5-PCP;\$15-spec; \$0-virtual	\$0-PCP;\$10-spec; \$0-virtual	\$0-PCP;\$15-spec; \$0-virtual
11	Outpatient Surgery or Procedure co-pay	\$250	\$180	\$150-Amb. Surg. Ctr.; \$210-Hospital
12	Ambulance co-pay	\$200 per one way trip	\$200 per one way trip	\$250 - ground, air
13	Emergency Rm. visit co-pay	\$110 Worldwide	\$110 Worldwide	\$90 (\$0 Outside US)
14	Urgent Need Services (USA)	\$5	\$0	\$40
15	Radiology Tests (MRI, CT)	\$215	\$195	\$105
16	Durable Medical Equipment	20% co-insurance	20% co-insurance	20% co-insurance
17	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance
<b>ADDITIONAL BENEFITS</b>				
18	Hearing: Routine hearing loss exams and Aids	\$1,250 allowance per ear/3yrs	\$1,250 allowance per ear/3yrs	\$175-\$1,225 for up to 2 aids/yr
19	Eye Exams and Glasses	\$5 routine exam; \$150 allowance/2yrs	\$5 routine exam; \$150 allowance/2yrs	\$0 routine exam; \$100 credit /yr
20	Dental Included with Plan	\$0 for basic services. See Rider below	\$0 for basic services. See Rider below	\$0 for covered procedures up to \$1K
21	Transp. to approved location	Not Covered	Not Covered	\$0 up to 24 trips
22	Fitness Benefits	Silver&Fit	Silver&Fit	Renew Active
23	OTC/Flex Card Credit	\$60 OTC credit/qtr	\$60 OTC credit/qtr	\$40 OTC Credit/qtr
24	Optional Benefits Available for Extra Monthly Premium	\$14/mo - Adv Plus (dental, eyewear)	\$14/mo - Adv Plus (dental, eyewear)	None
<b>PRESCRIPTION DRUGS (PART D)</b>				
25	Drug Deductible	0	0	0

See [PlanFinder](#) at Medicare.gov for

1	HMO NAME New Contact Information Current	UnitedHealthcare AARP Plan 1 800-555-5757 844-723-6473 www.aarpmedicareplans.com	WellCare Premium Ultra 866-277-6583 844-917-0175 wellcare.com/medicare	WellCare No Premium 866-277-6583 844-917-0175 wellcare.com/medicare
2	Plan ID / <a href="#">Link to Benefits</a>	<a href="#">H0543-070</a>	<a href="#">H0562-009</a>	<a href="#">H0562-103</a>
3	Medicare Star Rating	★★★★	★★★	★★★
4	HMO Monthly Premium	\$118	\$133	\$0
5	Out-of-Pocket Limit A&B	\$6,700	\$6,700	\$5,500
<b>INPATIENT (PART A)</b>				
6	Hospitals in Network (As directed, except emergency)	Alta Bates; San Ramon; Sutter Delta; John Muir; Valleycare	Sutter Delta; San Ramon Regional	Sutter Delta; San Ramon Regional
7	Inpatient Hospitalization	\$390/D Days 1-5	\$325/D Days 1-6	\$375/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$196/D Days 21-55 \$0/D Days 56-100	\$0/D Days 1-20 \$150/D Days 21-70 \$0/D Days 71-100	\$0/D Days 1-100
<b>OUTPATIENT (PART B)</b>				
9	Doctor Groups in Network (Always verify plan with providers)	 Affinity EB; Hill EB; Sutter EB; B&T EB	 Hill Phys CC; Sutter EB; B&T	 Hill Phys CC; Sutter EB
10	Doctor's Office Visit co-pay	\$0-PCP;\$10-spec; \$0-virtual	\$10-PCP;\$15-spec	\$0-PCP;\$20-spec
11	Outpatient Surgery or Procedure co-pay	\$370	\$200-Amb. Surg. Ctr.; \$350-Hospital	\$100-Amb. Surg. Ctr.; \$200-Hospital
12	Ambulance co-pay	\$250 - ground, air	\$250 - ground, air	\$350 - ground, air
13	Emergency Rm. visit co-pay	\$90 (\$0 Outside US)	\$95 (Outside US up to \$50k)	\$110 (Outside US up to \$50k)
14	Urgent Need Services (USA)	\$40	\$15	\$20
15	Radiology Tests (MRI, CT)	\$105	\$350	\$200
16	Durable Medical Equipment	20% co-insurance	20% co-insurance	20% co-insurance
17	Chemo. - Part B drugs	20% co-insurance	20% co-insurance	20% co-insurance
<b>ADDITIONAL BENEFITS</b>				
18	Hearing: Routine hearing loss exams and Aids	\$175-\$1,225 for up to 2 aids/yr	\$0 routine exam	\$500 hearing aid allowance/ear/yr
19	Eye Exams and Glasses	\$0 routine exam; \$100 credit /yr	\$0 routine exam	\$0 routine exam; \$100 allowance
20	Dental Included with Plan	Not Covered - see rider below	Not Covered - see rider below	Not Covered - see rider below
21	Transp. to approved location	Not Covered	Not Covered	Not Covered
22	Fitness Benefits	Not Covered	Fitness credits	Fitness credits
23	OTC/Flex Card Credit	None	None	\$75 OTC Credit/qtr
24	Optional Benefits Available for Extra Monthly Premium	Dental \$56/mo	Dental and Vision \$26/mo	Dental \$11/mo
<b>PRESCRIPTION DRUGS (PART D)</b>				
25	Drug Deductible	\$0 T1-2; \$350 T3-5	\$0 T1-2; \$200 T3-5	0

See [PlanFinder](#) at Medicare.gov for



1	<b>HMO NAME</b>  New Contact Information Current	<b>Anthem MediBlue Access (PPO)</b>  855-768-1053 877-811-3107 anthem.com/medicare	
2	Plan ID / <a href="#">Link to Benefits</a>	<a href="#">H8552-029</a>	
3	Medicare Star Rating	★★★	
4	HMO Monthly Premium	\$30 with \$590 Annual Deductable	
5	Out-of-Pocket Limit A&B	In-network \$6,700; comb. in & out \$10,000	
	<b>INPATIENT (PART A)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Regional	Any Medicare Provider
7	Inpatient Hospitalization	\$175/D Days 1-7	40% coinsurance
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$140/D Days 21-100	40% coinsurance
	<b>OUTPATIENT (PART B)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
9	Doctor Groups in Network (Always verify plan with providers)	 Select Anthem Phys. in JM & Hill Network see directory	 Any Medicare Provider
10	Doctor's Office Visit co-pay	\$10-PCP;\$35-spec	\$30-PCP;\$50-spec
11	Outpatient Surgery or Procedure co-pay	\$100-Amb. Surg. Ctr.; \$175-Hospital	40% coinsurance
12	Ambulance co-pay	\$325-ground; 20%-air	\$325-ground; 20%-air
13	Emergency Rm. visit co-pay	\$90 (US Only)	\$90 (US Only)
14	Urgent Need Services (USA)	\$30	\$30
15	Radiology Tests (MRI, CT)	\$75	40% coinsurance
16	Durable Medical Equipment	20% co-insurance	40% coinsurance
17	Chemo. - Part B drugs	20% coinsurance	40% coinsurance
	<b>ADDITIONAL BENEFITS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
18	Hearing: Routine hearing loss exams and Aids	Allowance for hearing aids up to \$3,000/yr	Allowance for hearing aids up to \$3,000/yr
19	Eye Exams and Glasses	Allowance up to \$200/yr	Allowance up to \$200/yr
20	Dental Included with Plan	\$0 preventive	20% coinsurance preventive
21	Transp. to approved location	Not covered	Not covered
22	Fitness Benefits	SilverSneakers	SilverSneakers
23	OTC/Flex Card Credit	None	None
24	Optional Benefits Available for Extra Monthly Premium	Dental and Vision \$22- 56/mo	Dental and Vision \$22- 56/mo
	<b>PRESCRIPTION DRUGS (PART D)</b>		
25	Drug Deductible	\$0 T1; \$370 T2-5	

See [PlanFinder](#) at Medicare.gov for