

2024 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 submission to Medicare’s Planfinder tool. More detail is available in the “Summary of Benefits”, a copy of which is available from the plan or from HICAP upon request. 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 this 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. Two Preferred Provider Organizations (PPO) plans allow you to see providers without referrals. They also cover providers outside the network who also participate in Medicare, but at a higher costs to you.

HERE IS A SUMMARY OF DOCTOR NETWORKS

PLANS	DOCTOR GROUPS					
	Kaiser	John Muir	Hill Phys.	Sutter	Brown & Toland	Imperial
Kaiser (All)	☑					
Humana Community		☑				
Brand New Day		☑	☑			
Humana Gold		☑	☑	☑		
UHC Canopy Health MA			☑			
Central Health			☑			
Imperial (All)						☑
AARP MA from UHC (PPO)		*	*	*	*	
Anthem MediBlue (PPO)		*	*	*	*	

☑ - Doctors in this Independent Practice Association are in-network

* - Plan contracts with individual providers, not doctor groups

Always verify coverage details with the Medicare Advantage Plan, including if your preferred physician(s) and hospital are in the plan’s network. **Primary Care Physician and Specialists must refer to providers in the same medical group for the HMO plans. That is not required for PPO 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, 2023 to December 7, 2023). Coverage starts January 1, 2024. 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 or more quickly by using the Enrollment Button in Medicare's Planfinder 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, 2024 through March 31 of 2024, 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 (October 15, 2023 to December 7, 2023) 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 Practice Association). For the two PPO plans, network providers have an individual contract with the insurer. For a higher cost, you can use any provider that participates in Medicare. The following chart has links to each plan's provider lookup to help you ensure your provider participates in the plan you select.
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 Planfinder tool to check. There is a link on the following chart listings. The standard Medicare Part D rules, such as formulary limitations, drug restrictions, coverage phases, etc., apply to all Medicare Advantage plans.
5. What are the additional benefits you would like to have and will the plan meet your specific needs (i.e. your dentist or hearing specialist)?

Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)

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

Email: ehsdhicap@ehsd.cccounty.us Visit: www.cchicap.org



Navigating Medicare



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1	PLAN NAME	Brand New Day Classic Care III	Humana Gold Plus	Humana Community
	Contact Information New Current	888-683-1882 866-255-4795 bndhmo.com	800-833-2364 800-457-4708 humana.com/medicare	800-833-2364 800-457-4708 humana.com/medicare
2	Plan ID	H0838-046	H5619-029	H5619-138
3	Medicare Star Rating (2023)	★★½	★★★★	★★★★
4	HMO Monthly Premium	\$55	\$71	\$55
5	Out-of-Pocket Limit A&B	\$5,500	\$5,900	\$2,700
INPATIENT (PART A)				
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; Alta Bates	John Muir; Sutter Delta; San Ramon Regional	John Muir
7	Inpatient Hospitalization	\$300/D Days 1-5	\$425/D Days 1-6	\$350/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$204/D Days 21-100	\$10/D Days 1-20 \$203/D Days 21-49 \$0/D Days 50-100	\$10/D Days 1-20 \$203/D Days 21-32 \$0/D Days 33-100
OUTPATIENT (PART B)				
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	John Muir Phys; Hill Phys See Directory	John Muir Phys; Hill Phys; Sutter EB See Directory	John Muir Phys See Directory
10	Doctor's Office Visit co-pay	\$0-Primary Care \$10-Specialist	\$0-Primary Care \$5-Specialist	\$0-Primary Care \$5-Specialist
11	Outpatient Surgery or Procedure co-pay	Up to \$210	Up to \$370	Up to \$295
12	Ground Ambulance co-pay	Up to \$250	\$300	\$300
13	Emergency Rm. visit co-pay	\$0-100 (Worldwide)	\$120 (Worldwide)	\$120 (Worldwide)
14	Urgent Need Services (USA)	\$0	\$15 (Worldwide)	\$40 (Worldwide)
15	Radiology Tests (MRI, CT)	Up to \$200	Up to \$100	Up to \$100
16	Durable Medical Equipment	0-20% coinsurance	30% coinsurance	20% coinsurance
17	Chemo. - Part B drugs	20% coinsurance	20% coinsurance	20% coinsurance
ADDITIONAL BENEFITS				
18	Hearing: Routine hearing loss exams and Aids	Exam \$0 copay Aids with copay	Exam \$0 copay Aids with copay	Exam \$0 copay Aids with copay
19	Eye Exams and Glasses	Exam \$0 copay Eyewear w/ allowance	Exam \$0 copay Eyewear w/ allowance	Exam \$0 copay Eyewear w/ allowance
20	Dental Included with Plan	Some Coverage	Some Coverage	Some Coverage
21	Transp. to approved location	\$0 copay with limit	Not covered	\$0 copay with limit
22	Fitness Benefits	Covered	Covered	Covered
23	OTC/Flex Card Credit	Some Coverage	None	Some Coverage
24	Optional Upgrade Benefits Available for Extra Premium	None	Dental \$33.10- \$51.20/mo	Dental \$33.10- \$51.20/mo
PRESCRIPTION DRUGS (PART D)				
25	Drug Coverage (for details see Medicare PlanFinder)	Yes	Yes	Yes

1	PLAN NAME	Central Health Premier Plan I	Imperial Traditional	Imperial Dynamic
	Contact Information New Current	888-714-7550 866-314-2427 centralhealthplan.com	800-838-5914 800-838-8271 ImperialHealthplan.com	800-838-5914 800-838-8271 ImperialHealthplan.com
2	Plan ID	H5649-020-001	H5496-007	H5496-012
3	Medicare Star Rating (2023)	★★★½	★★★	★★★
4	HMO Monthly Premium	\$0	\$0	\$0
5	Out-of-Pocket Limit A&B	\$3,200	\$1,349	\$298
	INPATIENT (PART A)			
6	Hospitals in Network (As directed, except emergency)	Alta Bates	Sutter Delta; San Ramon Reg; Alta Bates; UCSF; see dir.	Sutter Delta; San Ramon Reg; Alta Bates; UCSF; see dir.
7	Inpatient Hospitalization	\$0/D Days 1-4 \$100/D Days 5-10	\$150/D Days 1-5	\$50/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	Coming soon. 2023: \$0/D Days 1-20 \$200/D Days 21-100	\$0/D Days 1-20 \$200/D Days 21-100	\$0/D Days 1-20 \$200/D Days 21-100
	OUTPATIENT (PART B)			
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Hill Phys. See Directory	Imperial Health Holdings; See directory	Imperial Health Holdings; See directory
10	Doctor's Office Visit co-pay	\$0-Primary Care \$0-Specialist	\$0-Primary Care \$0-Specialist	\$0-Primary Care \$0-Specialist
11	Outpatient Surgery or Procedure co-pay	Up to \$150	\$200	\$100
12	Ground Ambulance co-pay	Up to \$150	\$150	\$150
13	Emergency Rm. visit co-pay	\$0-100 (Worldwide)	\$125 (\$0 Outside US)	\$125 (\$0 Outside US)
14	Urgent Need Services (USA)	\$0	\$0 (\$20 Outside US)	\$0 (\$0 Outside US)
15	Radiology Tests (MRI, CT)	Up to \$50	\$0	\$0
16	Durable Medical Equipment	0-20% coinsurance	20% coinsurance	20% coinsurance
17	Chemo. - Part B drugs	20% coinsurance	20% coinsurance	20% coinsurance
	ADDITIONAL BENEFITS			
18	Hearing: Routine hearing loss exams and Aids	Exam \$0 copay Aids with allowance	Exam \$0 copay Aids with allowance	Exam \$0 copay Aids with allowance
19	Eye Exams and Glasses	Exam \$0 copay Eyewear w/ allowance	Exam \$0 copay Eyewear w/ allowance	Exam \$0 copay Eyewear w/ allowance
20	Dental Included with Plan	Some Coverage	Some Coverage	Some Coverage
21	Transp. to approved location	\$0 copay with limit	\$0 copay with limit	\$0 copay with limit
22	Fitness Benefits	Covered	Covered	Covered
23	OTC/Flex Card Credit	Some Coverage	Some Coverage	Some Coverage
24	Optional Upgrade Benefits Available for Extra Premium	None	None	None
	PRESCRIPTION DRUGS (PART D)			
25	Drug Coverage (for details see Medicare PlanFinder)	Yes	Yes	Yes

1	PLAN NAME	Kaiser Permanente Sr. Adv Basic	Kaiser Permanente Sr. Adv Enhanced	UHC Canopy Health Med. Adv. CA-008P
	Contact Information New Current	800-777-1238 800-443-0815 kp.org/medicare	800-777-1238 800-443-0815 kp.org/medicare	800-555-5757 866-261-7709 uhc.com/Medicare
2	Plan ID	H0524-061	H0524-033	H0543-189
3	Medicare Star Rating (2023)	★★★★	★★★★	★★★★½
4	HMO Monthly Premium	\$0	\$65	\$43
5	Out-of-Pocket Limit A&B	\$6,000	\$3,900	\$2,900
	INPATIENT (PART A)			
6	Hospitals in Network (As directed, except emergency)	Kaiser	Kaiser	John Muir; San Ramon Reg; UCSF
7	Inpatient Hospitalization	\$260/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 \$203/D Days 21-100
	OUTPATIENT (PART B)			
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Kaiser See Directory	Kaiser See Directory	Canopy (Hill Phys. all regions) See Directory
10	Doctor's Office Visit co-pay	\$5-Primary Care \$15-Specialist	\$0-Primary Care \$5-Specialist	\$0-Primary Care \$15-Specialist
11	Outpatient Surgery or Procedure co-pay	Up to \$230	Up to \$180	Up to \$235
12	Ground Ambulance co-pay	\$250	\$200	\$290
13	Emergency Rm. visit co-pay	\$120 (Worldwide)	\$120 (Worldwide)	\$100 (\$0 Outside US)
14	Urgent Need Services (USA)	\$5 (Worldwide)	\$0 (Worldwide)	\$40 (\$0 Outside US)
15	Radiology Tests (MRI, CT)	Up to \$215	Up to \$195	Up to \$150
16	Durable Medical Equipment	0-20% coinsurance	0-20% coinsurance	20% coinsurance
17	Chemo. - Part B drugs	20% coinsurance	20% coinsurance	20% coinsurance
	ADDITIONAL BENEFITS			
18	Hearing: Routine hearing loss exams and Aids	Not covered	Not covered	Exam \$0 copay Aids with copay
19	Eye Exams and Glasses	Exam \$5 copay	Exam \$0 copay	Exam \$0 copay Eyewear w/ allowance
20	Dental Included with Plan	Some Coverage	Some Coverage	Some Coverage
21	Transp. to approved location	Not covered	Not covered	Not covered
22	Fitness Benefits	Not covered	Not covered	Covered
23	OTC/Flex Card Credit	Some Coverage	Some Coverage	Some Coverage
24	Optional Upgrade Benefits Available for Extra Premium	Dental Vision Hearing Fitness \$21/mo	Dental Vision Hearing Fitness \$21/mo	None
	PRESCRIPTION DRUGS (PART D)			
25	Drug Coverage (for details see Medicare PlanFinder)	Yes	Yes	Yes

1	PLAN NAME	AARP Medicare Advantage from UHC CA-0022 (PPO)		Anthem Medicare Advantage (PPO)	
	Contact Information New Current	800-555-5757 866-261-7709 aarpmedicareplans.com		855-768-1053 877-811-3107 anthem.com/medicare	
2	Plan ID	H0294-030		H8552-029	
3	Medicare Star Rating (2023)	★★★1/2		★★½	
4	HMO Monthly Premium	\$74 with no annual deductible		\$30 with \$590 annual deductible	
5	Out-of-Pocket Limit A&B	In-net:\$4,500; In & out \$8,500		In-net:\$8,850; In & out \$13,300	
	INPATIENT (PART A)	In-Network Out-of-Network		In-Network Out-of-Network	
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; Alta Bates; San Ramon Reg	Any Medicare Provider	John Muir; Sutter Delta; Alta Bates; San Ramon Reg	Any Medicare Provider
7	Inpatient Hospitalization	\$300/D Days 1-6	\$500/D D 1-17	\$215/D Days 1-7	40% coinsurance
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D D 1-20 \$203/D D 21-100	\$225/D D 1-38 \$0/D D 39-100	\$0/D D 1-20 \$140/D D 21-100	40% coinsurance
	OUTPATIENT (PART B)	In-Network Out-of-Network		In-Network Out-of-Network	
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Select UHC Phys. Nationwide (See Directory)	Any Medicare Provider See Directory	Select Anthem Phys. Nationwide (See Directory)	Any Medicare Provider See Directory
10	Doctor's Office Visit co-pay	\$0-PCP \$30-Spec	\$0-PCP \$50-Spec	\$10-PCP \$35-Spec	\$30-PCP \$50-Spec
11	Outpatient Surgery or Procedure co-pay	Up to \$250	\$500	Up to \$175	40% coinsurance
12	Ground Ambulance co-pay	\$290	\$290	\$325	\$325
13	Emergency Rm. visit co-pay	\$120 (\$0 Outside US)		\$90 (Worldwide)	
14	Urgent Need Services (USA)	\$40 (\$0 Outside US)		\$30 (Worldwide)	
15	Radiology Tests (MRI, CT)	Up to \$250	\$350	\$75	40% co-ins
16	Durable Medical Equipment	20% co-ins	50% co-ins	0-20% co-ins	40% co-ins
17	Chemo. - Part B drugs	20% co-ins	40% co-ins	0-20% co-ins	0-40% co-ins
	ADDITIONAL BENEFITS	In-Network Out-of-Network		In-Network Out-of-Network	
18	Hearing: Routine hearing loss exams and Aids	Exam \$0 copay Aids with copay	Exam w/ copay Aids w/ copay	Exam \$0 copay Aids with limit	Exam w/ co-ins Aids with limit
19	Eye Exams and Glasses	Exam \$0 to some copay Eyewear with allowance		Exam \$0 copay Eyewear with allowance	
20	Dental Included with Plan	Some Coverage		Some Coverage	
21	Transp. to approved location	Not covered		Not covered	
22	Fitness Benefits	Covered		Covered	
23	OTC/Flex Card Credit	Some Coverage		Not covered	
24	Optional Upgrade Benefits Available for Extra Premium	Dental \$56/month		Dental \$22/mo Dental Vision \$35-57/mo	
	PRESCRIPTION DRUGS (PART D)				
25	Drug Coverage (for details see Medicare PlanFinder)	Yes		Yes	