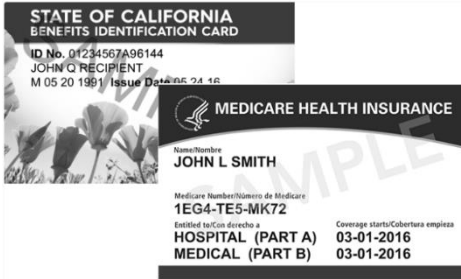


Special Needs Plans: D-SNPs 2024 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County



(For ‘Full Duals’ – those who have Medicare and Medi-Cal)

ABOUT THIS CHART

In Contra Costa County, in 2024 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 an abbreviated summary only and subject to change. The information listed is extracted from each plan’s submission to Medicare’s Planfinder too. Additional details are available in the plan’s “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.

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 3 of 4 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 4 of 4 of this document are also intended for persons with Medicare (Parts A and B) and full Medi-Cal. The first 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.

Special Needs Plans: D-SNPs 2024 Medicare Advantage Plan (HMOs) (For ‘Full Duals’ – those who have Medicare and 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.

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 2024 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 with that being effective the first of the month following the change.)
- SOME CONSIDERATIONS FOR CHOOSING A PLAN

Some Reminders

- Primary Care Physician and specialists must belong to the same medical group.
- 2024 Medicare cost sharing for inpatient hospitalization and inpatient mental health: Deductible \$1,632 for each benefit period. Days (1-60) \$0, Days (61-90) \$408 per day, Days (91 and beyond) \$816 lifetime reserve days.
- 2024 Medicare cost sharing for skilled nursing facilities: (Days 1–20) \$0, (Days 21–100) \$204 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, (800) 510-2020 or (800) 434-0222

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



Navigating Medicare



This publication is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$68,938 with 100 percent funding by ACL/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government

1	PLAN NAME	Brand New Day Dual Access	Imperial Dual	Kaiser Permanente Sr. Adv North P4
	Contact Information New Current	888-683-1882 866-255-4795 bndhmo.com	800-838-5914 800-838-8271 ImperialHealthplan.co	800-777-1238 800-443-0815 kp.org/medicare
2	Plan ID	H0838-024	H5496-011	H8794-004
3	Medicare Star Rating (2023)	★★½	★★★	★★★★
4	HMO Monthly Premium	\$0	\$0	\$0
5	Out-of-Pocket Limit A&B	\$8,850	\$2,999	\$3,400
INPATIENT (PART A)				
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Reg'l; Alta Bates	Sutter Delta; San Ramon Reg'l; Alta Bates; UCSF; Others	Kaiser
7	Inpatient Hospitalization	\$0	\$0	\$0
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0	\$0	\$0
OUTPATIENT (PART B)				
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	John Muir Phys; Hill Phys	Imperial Health Holdings	Kaiser
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	\$0	\$0	\$0
12	Ground Ambulance co-pay	\$0	\$0	\$0
13	Emergency Rm. visit co-pay	\$0	\$0 (Worldwide)	\$0 (Worldwide)
14	Urgent Need Services (USA)	\$0	\$0 (Worldwide)	\$0 (Worldwide)
15	Radiology Tests (MRI, CT)	\$0	\$0	\$0
16	Durable Medical Equipment	0%	0%	0%
17	Chemo. - Part B drugs	0%	0%	0%
ADDITIONAL BENEFITS				
18	Hearing: Routine hearing loss exams and Aids	Exam \$0 copay Aids with copay	Exam \$0 copay Aids with allowance	Not covered
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	Not covered
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 Contact Information New Current	Central Health Premier Plan II 866-314-2427 866-314-2427 centralhealthplan.com	UnitedHealthcare CA-001A 800-555-5757 866-261-7709 uhc.com/Medicare
2	Plan ID	H5649-021-002	H0543-183
3	Medicare Star Rating (2023)	★★★½	★★★½
4	HMO Monthly Premium	\$41 / \$0 w Medi-Cal	\$27.80 / \$0 w Medi-Cal
5	Out-of-Pocket Limit A&B	\$1,199	\$8,850
INPATIENT (PART A)			
6	Hospitals in Network (As directed, except emergency)	Alta Bates	John Muir; San Ramon Reg'l; Stanford Health Tri Valley; UCSF
7	Inpatient Hospitalization	\$50/D Days 1-6 or \$0 with Medi-Cal	\$1,450 per stay or \$0 with Medi-Cal
8	Skilled Nursing Care (100 days each Medicare Benefit period)	Medicare cost sharing or \$0 with Medi-Cal	Medicare cost sharing or \$0 with Medi-Cal
OUTPATIENT (PART B)			
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Hill Phys	Select Phys in: Hill; B&T; Affinity
10	Doctor's Office Visit co-pay	\$0-Primary Care \$0-Specialist	Part B Ded. Then 20% co insurance or \$0 with Medi-Cal
11	Outpatient Surgery or Procedure co-pay	\$0-150 / \$0 w Medi-Cal	0-20% co insurance or \$0 with Medi-Cal
12	Ground Ambulance co-pay	\$0-150 / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
13	Emergency Rm. visit co-pay	\$0-100(worldwide)/\$0 wMedi-Cal	\$0-100(worldwide)/\$0 wMedi-Cal
14	Urgent Need Services (USA)	\$0	\$0-40(worldwide)/\$0 wMedi-Cal
15	Radiology Tests (MRI, CT)	\$0	20% / \$0 w Medi-Cal
16	Durable Medical Equipment	0-20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
17	Chemo. - Part B drugs	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
ADDITIONAL BENEFITS			
18	Hearing: Routine hearing loss exams and Aids	Exam \$0 copay Aids with allowance	Exam 20% / \$0 w Medi-Cal Aids with allowance
19	Eye Exams and Glasses	Exam \$0 copay Eyewear w/ allowance	Exam \$0 copay Eyewear with allowance
20	Dental Included with Plan	Some Coverage	Not Covered
21	Transp. to approved location	\$0 copay with limit	\$0 copay with limit
22	Fitness Benefits	Covered	Covered
23	OTC/Flex Card Credit	Some Coverage	Some Coverage
24	Optional Upgrade Benefits Available for Extra Premium	None	None
PRESCRIPTION DRUGS (PART D)			
25	Drug Coverage (for details see Medicare PlanFinder)	Yes	Yes