

# Special Needs Plans: C-SNPs 2025 Medicare Advantage Plan (HMOs) (Chronic Condition Special Needs Plans)

## Comparison Chart for Contra Costa County

### ABOUT THIS CHART

The information on the chart is for Medicare Advantage plans available to all individuals who have Medicare Parts A and B with specified severe or disabling chronic conditions. The chronic conditions are Diabetes, Cardiovascular Disorder and Congestive Heart Failure. Two plans shown on the last page are available for anyone to participate, but may only be attractive for those with full Medi-Cal benefits or QMB status.

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 via the link at the top in the following chart or from HICAP.

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. For additional information on these benefits, find that in the plan's Summary of Benefits.

All plans are required to verify the applicant's special needs status. Medicare provides a Special Enrollment Period for individuals who meet the medical criteria established by the Plan. That is all year long except for a short period at the end of the Annual Enrollment period each Fall. Those enrolled in a Special Needs Plan but who are no longer eligible because they no longer meet the specific special needs status will also get a Special Enrollment Period to switch to a regular Advantage plan. The plan must send the appropriate notice to the beneficiary explaining their disenrollment.

### SOME RULES FOR ALL PLANS

These plans 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.

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.**



## JOINING A PLAN

In addition to the Special Enrollment option when diagnosed with a qualifying condition, if you have Medicare Parts A & B, you may join any of these plans during the Annual Enrollment Period (October 15 to December 7 each year). Coverage starts January 1 of the following year. 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 through March 31 of each year, 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 to December 7) 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 (e.g. your dentist or hearing specialist)?

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

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



Navigating Medicare



1	PLAN NAME	Central Health Embrace Care	Central Health Focus	Imperial Senior Value
	Contact Information      New Current	1-888-714-7550 1-866-314-2427 centralhealthplan.com	1-888-714-7550 1-866-314-2427 centralhealthplan.com	1-800-838-5914 1-800-838-8271 imperialhealthplan.com
2	Plan ID	<a href="#">H5649-025-2</a>	<a href="#">H5649-006-0</a>	<a href="#">H5496-005-0</a>
3	Medicare Star Rating	★★½	★★½	★★★½
4	Plan's Monthly Premium	\$0	\$0	\$50 Part B Reduction
5	Out-of-Pocket Limit A&B	\$2,750	\$1,800	\$297
	<b>INPATIENT (PART A)</b>			
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; Alta Bates; San Ramon Regional	John Muir; Sutter Delta; Alta Bates; San Ramon Regional	Sutter Delta; San Ramon Reg'l; Alta Bates; UCSF; Others
7	Inpatient Hospitalization	\$0/D Days 1-5 \$200/D Days 6-9 \$35/D Days 10-90	\$0	\$0
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 Medicare Cost Sharing Days 21-100	\$0	\$0/D Days 1-20 \$100/D Days 21-50 \$200/D Days 51-100
	<b>OUTPATIENT (PART B)</b>			
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	John Muir Phys; Hill Phys <a href="#">See Directory</a>	John Muir Phys; Hill Phys <a href="#">See Directory</a>	Imperial Health Holdings; <a href="#">See Directory</a>
10	Doctor's Office Visit co-pay	\$0 - Primary Care \$0 - Specialist	\$0 - Primary Care \$0 - Specialist	\$0 - Primary Care \$0 - Specialist
11	Outpatient Procedures co-pay	\$100-\$150	\$0	\$100
12	Ground Ambulance co-pay	\$200	\$200	\$150
13	Emergency Rm. visit co-pay	\$140 (Worldwide)	\$135 (Worldwide)	\$125 (\$0 Outside US)
14	Urgent Need Services (USA)	\$0 (\$140 Outside US)	\$0 (\$135 Outside US)	\$0 (Worldwide)
15	Radiology Tests (MRI, CT)	\$100	\$75	\$0
16	Durable Medical Equipment	20%	20%	20%
17	Chemo. - Part B drugs	20%	20%	20%
	<b>ADDITIONAL BENEFITS</b>			
18	Routine hearing loss exams and Aids	Hearing Exam \$0, Aids with Copay	Hearing Exam \$0, Aids with Allowance	Hearing Exam \$0, Aids with Allowance
19	Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with Allowance	Eye exam \$0, Eyewear with Allowance	Eye exam \$0, Eyewear with Allowance
20	Dental Included with Plan Preventive/Comprehensive	Preventive \$0, Comprehensive	Preventive \$0, Comprehensive	\$0 Preventive \$0 Comprehensive
21	Transp. to approved location	Some coverage	Some coverage	Some coverage
22	Fitness Benefits	Some coverage	Some coverage	Some coverage
23	OTC/Flex Card Credit	Some coverage	Some coverage	Some coverage
24	Optional Upgrade Benefits Available for Extra Premium	Dental \$21/mo	Dental \$45/mo	None
	<b>PRESCRIPTION DRUGS (PART D)</b>			
25	See Medicare <a href="#">PlanFinder</a>	Yes	Yes	Yes
26	Part D Deductible	\$0	\$0	\$0

1	PLAN NAME	Central Health Embrace Choice	UHC Complete Care Support CA-8AP
	Contact Information      New Current	1-888-714-7550 1-866-314-2427 centralhealthplan.com	1-800-555-5757 1-866-261-7709 uhc.com/Medicare
2	Plan ID	<a href="#">H5649-026-2</a>	<a href="#">H0543-249-0</a>
3	Medicare Star Rating	★★½	★★★
4	Plan's Monthly Premium	\$13. <sup>40</sup> / \$0 w Medi-Cal	\$29. <sup>70</sup> / \$0 w Medi-Cal
5	Out-of-Pocket Limit A&B	\$9,350	\$9,350
	<b>INPATIENT (PART A)</b>		
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; Alta Bates; San Ramon Regional	John Muir; San Ramon Reg; UCSF
7	Inpatient Hospitalization	Medicare cost sharing or \$0 with Medi-Cal	\$1,195 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
	<b>OUTPATIENT (PART B)</b>		
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	John Muir Phys; Hill Phys <a href="#">See Directory</a>	Hill Phys <a href="#">See Directory</a>
10	Doctor's Office Visit co-pay	\$0-PCP, 35%-Spec or \$0 w Medi-Cal	20% / \$0 w Medi-Cal
11	Outpatient Procedures co-pay	\$0-20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
12	Ground Ambulance co-pay	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
13	Emergency Rm. visit co-pay	\$110 (Worldwide)/\$0 w MC	\$90 / \$0 w Medi-Cal
14	Urgent Need Services (USA)	\$0 (\$110 Outside US)/\$0 w MC	\$30 / \$0 w Medi-Cal
15	Radiology Tests (MRI, CT)	\$0-20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
16	Durable Medical Equipment	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
	<b>ADDITIONAL BENEFITS</b>		
18	Routine hearing loss exams and Aids	Hearing Exam \$0, Aids with Copay	Hearing Exam \$0, Aids with Allowance
19	Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with Allowance	Eye exam \$0, Eyewear with Allowance
20	Dental Included with Plan Preventive/Comprehensive	Not Covered	Not covered
21	Transp. to approved location	Some coverage	Some coverage
22	Fitness Benefits	Some coverage	Some coverage
23	OTC/Flex Card Credit	Some coverage	Some coverage
24	Optional Upgrade Benefits Available for Extra Premium	None	None
	<b>PRESCRIPTION DRUGS (PART D)</b>		
25	See Medicare <a href="#">PlanFinder</a>	Yes	Yes
26	Part D Deductible	\$590	\$590