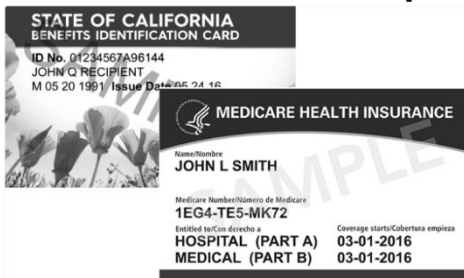


Special Needs Plans: D-SNPs 2025 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County



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

ABOUT THIS CHART

In Contra Costa County, in 2025 only one Medicare Advantage plan is designed for persons who have Medicare plus full scope Medi-Cal with \$0 Share of Cost. These plans provide all Medicare Part A and Part B health care and services as well as Medi-Cal care and services not covered as Medicare benefits.

This Comparison Chart is an abbreviated summary only. The information listed is extracted from the plan’s submission to Medicare’s Planfinder lookup tool. Additional details are available in the plan’s “Summary of Benefits”, a copy of which is available by clicking the link in the chart, from the plan, 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. 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. For additional information on these benefits, find that in the plan’s Summary of Benefits.

The plan shown on page 3 is only sold to 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.

Special provisions apply to people with Medicare and Medi-Cal who are in Skilled Nursing Facilities. Contact HICAP for details and assistance.

This plan includes prescription drug coverage (Medicare Part D), and pricing shown is for those who are designated as eligible for “Extra Help”. You will pay a small copay for your covered drugs. 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.

SOME RULES FOR ALL PLANS

This plan is a 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

If you have Medicare Parts A & B and Medi-Cal you may join this 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). You may also join this plan when your full Medi-Cal status is determined. 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 number 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. As a Full Dual, you may drop your Advantage Plan in any month and use Medicare as your primary insurance. You may also select a Prescription Plan.

SOME CONSIDERATIONS FOR CHOOSING A PLAN

1. Does the plan cover your favorite doctors and hospitals? Primary Care Physician and Specialists must belong to the same medical group (also known as IPA - Independent Practice Association). The following chart has links to each plan's provider lookup to help you ensure your provider participates in the plan you select.
2. 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.
3. 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)?

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 and Contact us or Email: ehsdhicap@ehsd.cccounty.us



Navigating Medicare



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1	PLAN NAME Contact Information New Current	Kaiser Perm. Dual Complete North P4 1-800-777-1238 1-800-443-0815 kp.org/medicare
2	Plan ID	H8794-004-0
3	Medicare Star Rating (2024)	★★★★½
4	Plan's Monthly Premium	\$0
5	Out-of-Pocket Limit A&B	\$9,350
INPATIENT (PART A)		
6	Hospitals in Network (As directed, except emergency)	Kaiser
7	Inpatient Hospitalization	\$0
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0
OUTPATIENT (PART B)		
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Kaiser See Directory
10	Doctor's Office Visit co-pay	\$0 - Primary Care \$0 - Specialist
11	Outpatient Procedures co-pay	\$0
12	Ground Ambulance co-pay	\$0
13	Emergency Rm. visit co-pay	\$0 (Worldwide)
14	Urgent Need Services (USA)	\$0 (Worldwide)
15	Radiology Tests (MRI, CT)	\$0
16	Durable Medical Equipment	\$0
17	Chemo. - Part B drugs	\$0
ADDITIONAL BENEFITS		
18	Routine hearing loss exams and Aids	Not Covered
19	Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with Allowance
20	Dental Included with Plan Preventive/Comprehensive	See Medi-Cal Handbook
21	Transp. to approved location	Not covered
22	Fitness Benefits	Some coverage
23	OTC/Flex Card Credit	Some coverage
24	Optional Upgrade Benefits Available for Extra Premium	None
PRESCRIPTION DRUGS (PART D)		
25	See Medicare PlanFinder	Yes
26	Part D Deductible	\$0