

# 2025 Medicare Advantage Plan with Prescription Coverage 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. Employer and union retiree health plans may have the same name but may offer different benefits. These plans are open to people under age 65 with Medicare Parts A & B Medicare due to disability, regardless of their health condition.

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.

## 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 cost to you.

## HERE IS A SUMMARY OF DOCTOR NETWORKS

| PLANS                  | DOCTOR GROUPS |           |            |        |                |          |
|------------------------|---------------|-----------|------------|--------|----------------|----------|
|                        | Kaiser        | John Muir | Hill Phys. | Sutter | Brown & Toland | Imperial |
| Kaiser (All)           | ☑             |           |            |        |                |          |
| AARP MA from UHC (All) |               |           | ☑          |        |                |          |
| Central Health (All)   |               | ☑         | ☑          |        |                |          |
| Imperial (All)         |               |           |            |        |                | ☑        |
| Humana Choice (PPO)    |               | *         | *          | *      | *              |          |
| Anthem Medicare (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 in HMO Plans must refer to providers in the same medical group.**

## JOINING A PLAN

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)?

Note: 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)



Navigating Medicare



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| 1  | PLAN NAME   | AARP Med Adv from UHC CA-8P   | Central Health Classic Care Plan II                           | Central Health Premier Plan I                                 |
|----|---|---|---|---|
|    | Contact Information <span style="float: right;">New<br/>Current</span>                                  | 1-800-555-5757<br>1-866-261-7709<br>uhc.com/Medicare                    | 1-888-714-7550<br>1-866-314-2427<br>centralhealthplan.com     | 1-888-714-7550<br>1-866-314-2427<br>centralhealthplan.com     |
| 2  | Plan ID ( <a href="#">Link to Benefits</a> )  | <a href="#">H0543-189-0</a>   | <a href="#">H5649-028-0</a>                                   | <a href="#">H5649-023-0</a>                                   |
| 3  | Medicare Star Rating  | ★★★   | ★★½   | ★★½   |
| 4  | Plan's Monthly Premium  | \$59  | \$0   | \$0   |
| 5  | Out-of-Pocket Limit A&B   | \$4,900   | \$2,499   | \$2,999   |
|    | <b>INPATIENT (PART A)</b>   |   |   |   |
| 6  | Hospitals in Network<br>(As directed, except emergency)   | John Muir; San Ramon Reg; UCSF  | John Muir; Sutter Delta; Alta Bates; San Ramon Regional       | John Muir; Sutter Delta; Alta Bates; San Ramon Regional       |
| 7  | Inpatient Hospitalization   | \$425/D Days 1-6  | \$150/D Days 1-6  | \$0/D Days 1-4<br>\$100/D Days 5-10                           |
| 8  | Skilled Nursing Care<br>(100 days each Medicare Benefit period)   | \$0/D Days 1-20<br>\$203/D Days 21-100                                  | \$0/D Days 1-20<br>Medicare Cost Sharing Days 21-100          | \$0/D Days 1-20<br>Medicare Cost Sharing Days 21-100          |
|    | <b>OUTPATIENT (PART B)</b>  |   |   |   |
| 9  | Doctor Groups in Network<br>(Always verify plan with providers or use <a href="#">link</a> to see list) | Hill Phys. East Bay<br>Hill Phys. / SF<br><a href="#">See Directory</a> | John Muir Phys;<br>Hill Phys<br><a href="#">See Directory</a> | John Muir Phys;<br>Hill Phys<br><a href="#">See Directory</a> |
| 10 | Doctor's Office Visit co-pay  | \$0 - Primary Care<br>\$25 - Specialist                                 | \$0 - Primary Care<br>\$10 - Specialist                       | \$0 - Primary Care<br>\$0 - Specialist                        |
| 11 | Outpatient Procedures co-pay  | \$425   | \$100-250   | \$200-225   |
| 12 | Ground Ambulance co-pay   | \$180   | \$250   | \$300   |
| 13 | Emergency Rm. visit co-pay  | \$125 (\$0 outside US)  | \$140 (Worldwide)   | \$125 (Worldwide)   |
| 14 | Urgent Need Services (USA)  | \$55 (\$0 outside US)   | \$0 (\$140 Outside US)  | \$0 (\$125 Outside US)  |
| 15 | Radiology Tests (MRI, CT)   | \$150   | \$200   | \$150   |
| 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,<br>Aids with Copay                                    | Hearing Exam \$0,<br>Aids with Copay                          | Hearing Exam \$0,<br>Aids with Allowance                      |
| 19 | Eye Exams<br>Glasses Allowance  | Eye exam \$0,<br>Eyewear with \$300<br>Allowance                        | Eye exam \$0,<br>Eyewear with \$300<br>Allowance              | Eye exam \$0,<br>Eyewear with \$300<br>Allowance              |
| 20 | Dental Included with Plan<br>Preventive/Comprehensive   | \$0 Preventive  | \$0 Preventive<br>Comprehensive                               | Preventive<br>Comprehensive                                   |
| 21 | Transp. to approved location  | Not covered   | 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<br>Available for Extra Premium  | Dental \$54/mo  | Dental \$21/mo  | Dental \$45/mo  |
|    | <b>PRESCRIPTION DRUGS (PART D)</b>  |   |   |   |
| 25 | See Medicare <a href="#">PlanFinder</a>   | Yes   | Yes   | Yes   |
| 26 | Part D Deductible   | \$340 Tiers 3 to 5  | \$100 Tiers 2 to 5  | \$100 Tiers 2 to 5  |

| 1  | PLAN NAME  | Imperial Traditional  | Imperial Dynamic  |
|----|--|---|---|
|    | Contact Information      New<br>Current  | 1-800-838-5914<br>1-800-838-8271<br>imperialhealthplan.com    | 1-800-838-5914<br>1-800-838-8271<br>imperialhealthplan.com    |
| 2  | Plan ID ( <a href="#">Link to Benefits</a> )   | <a href="#">H5496-007-0</a>                                   | <a href="#">H5496-012-0</a>                                   |
| 3  | Medicare Star Rating   | ★★★½  | ★★★½  |
| 4  | Plan's Monthly Premium   | \$0   | \$60 Part B Reduction   |
| 5  | Out-of-Pocket Limit A&B  | \$1,499   | \$297   |
|    | <b>INPATIENT (PART A)</b>  |   |   |
| 6  | Hospitals in Network<br>(As directed, except<br>emergency)   | Sutter Delta; San<br>Ramon Reg; Alta<br>Bates; UCSF; see dir. | Sutter Delta; San<br>Ramon Reg; Alta<br>Bates; UCSF; see dir. |
| 7  | Inpatient Hospitalization  | \$0/D Days 1-3<br>\$150/D Days 4-5                            | \$0   |
| 8  | Skilled Nursing Care<br>(100 days each Medicare<br>Benefit period)   | \$0/D Days 1-20<br>\$100/D Days 21-50<br>\$200/D Days 51-100  | \$0/D Days 1-20<br>\$100/D Days 21-50<br>\$200/D Days 51-100  |
|    | <b>OUTPATIENT (PART B)</b>   |   |   |
| 9  | Doctor Groups in Network<br>(Always verify plan with providers<br>or use <a href="#">link</a> to see list) | Imperial Health<br>Holdings;<br><a href="#">See Directory</a> | Imperial Health<br>Holdings;<br><a href="#">See Directory</a> |
| 10 | Doctor's Office Visit co-pay   | \$0 - Primary Care<br>\$0 - Specialist                        | \$0 - Primary Care<br>\$0 - Specialist                        |
| 11 | Outpatient Procedures co-pay   | \$100   | \$100   |
| 12 | Ground Ambulance co-pay  | \$150   | \$150   |
| 13 | Emergency Rm. visit co-pay   | \$125 (\$0 Outside US)  | \$125 (\$0 Outside US)  |
| 14 | Urgent Need Services (USA)   | \$0 (\$20 Outside US)   | \$0 (Worldwide)   |
| 15 | Radiology Tests (MRI, CT)  | \$0   | \$0   |
| 16 | Durable Medical Equipment  | 20%   | 20%   |
| 17 | Chemo. - Part B drugs  | 20%   | 20%   |
|    | <b>ADDITIONAL BENEFITS</b>   |   |   |
| 18 | Routine hearing loss exams<br>and Aids   | Hearing Exam \$0,<br>Aids with Allowance                      | Hearing Exam \$0,<br>Aids with Allowance                      |
| 19 | Eye Exams<br>Glasses Allowance   | Eye exam \$0,<br>Eyewear with \$500<br>Allowance              | Eye exam \$0,<br>Eyewear with \$500<br>Allowance              |
| 20 | Dental Included with Plan<br>Preventive/Comprehensive  | \$0 Preventive<br>\$0 Comprehensive                           | \$0 Preventive<br>\$0 Comprehensive                           |
| 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<br>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  | None  | None  |

| 1  | PLAN NAME  | Kaiser Permanente<br>Sr Adv Basic                   | Kaiser Permanente<br>Sr Adv Enhanced                |
|----|--|---|---|
|    | Contact Information      New<br>Current  | 1-800-777-1238<br>1-800-443-0815<br>kp.org/medicare | 1-800-777-1238<br>1-800-443-0815<br>kp.org/medicare |
| 2  | Plan ID ( <a href="#">Link to Benefits</a> )   | <a href="#">H0524-061-0</a>                         | <a href="#">H0524-033-0</a>                         |
| 3  | Medicare Star Rating   | ★★★★½   | ★★★★½   |
| 4  | Plan's Monthly Premium   | \$0   | \$65  |
| 5  | Out-of-Pocket Limit A&B  | \$5,000   | \$2,900   |
|    | <b>INPATIENT (PART A)</b>  |   |   |
| 6  | Hospitals in Network<br>(As directed, except<br>emergency)   | Kaiser  | Kaiser  |
| 7  | Inpatient Hospitalization  | \$200/D Days 1-5                                    | \$100/D Days 1-5                                    |
| 8  | Skilled Nursing Care<br>(100 days each Medicare<br>Benefit period)   | \$0/D Days 1-20<br>\$100/D Days 21-100              | \$0/D Days 1-20<br>\$100/D Days 21-100              |
|    | <b>OUTPATIENT (PART B)</b>   |   |   |
| 9  | Doctor Groups in Network<br>(Always verify plan with providers<br>or use <a href="#">link</a> to see list) | Kaiser<br><a href="#">See Directory</a>             | Kaiser<br><a href="#">See Directory</a>             |
| 10 | Doctor's Office Visit co-pay   | \$5 - Primary Care<br>\$10 - Specialist             | \$0 - Primary Care<br>\$5 - Specialist              |
| 11 | Outpatient Procedures co-pay   | \$150   | \$60  |
| 12 | Ground Ambulance co-pay  | \$200   | \$200   |
| 13 | Emergency Rm. visit co-pay   | \$125 (Worldwide)                                   | \$140 (Worldwide)                                   |
| 14 | Urgent Need Services (USA)   | \$5 (Worldwide)                                     | \$0 (Worldwide)                                     |
| 15 | Radiology Tests (MRI, CT)  | \$190   | \$150   |
| 16 | Durable Medical Equipment  | 0-20%   | 0-20%   |
| 17 | Chemo. - Part B drugs  | \$0-\$47 or 0-20%                                   | \$0-\$47 or 0-20%                                   |
|    | <b>ADDITIONAL BENEFITS</b>   |   |   |
| 18 | Routine hearing loss exams<br>and Aids   | Not Covered   | Not Covered   |
| 19 | Eye Exams<br>Glasses Allowance   | Eye exam \$5,<br>Eyewear Not covered                | Eye exam \$0,<br>Eyewear Not covered                |
| 20 | Dental Included with Plan<br>Preventive/Comprehensive  | \$0 Preventive                                      | \$0 Preventive                                      |
| 21 | Transp. to approved location   | Not covered   | Not covered   |
| 22 | Fitness Benefits   | Not covered   | Not covered   |
| 23 | OTC/Flex Card Credit   | Some coverage                                       | Some coverage                                       |
| 24 | Optional Upgrade Benefits<br>Available for Extra Premium   | Dental Vision Hearing<br>Fitness \$21/mo            | Dental Vision Hearing<br>Fitness \$21/mo            |
|    | <b>PRESCRIPTION DRUGS (PART D)</b>   |   |   |
| 25 | See Medicare <a href="#">PlanFinder</a>  | Yes   | Yes   |
| 26 | Part D Deductible  | None  | None  |

| 1  | PLAN NAME  | Anthem Medicare Advantage (PPO)                                  |   | HumanaChoice (PPO)   |   |
|----|--|--|---|--|---|
|    | Contact Information <span style="float:right">New<br/>Current</span>                                 | 1-833-668-2350<br>1-877-811-3107<br>www.anthem.com               |   | 1-800-833-2364<br>1-800-457-4708<br>humana.com/medicare          |   |
| 2  | Plan ID ( <a href="#">Link to Benefits</a> )   | <a href="#">H8552-029-0</a>                                      |   | <a href="#">H5525-084-0</a>                                      |   |
| 3  | Medicare Star Rating   | ★★★  |   | ★★★½   |   |
| 4  | Plan's Monthly Premium   | \$44 with \$590 health deductible                                |   | \$34 with \$500 health deductible                                |   |
| 5  | Out-of-Pocket Limit A&B  | In-net: \$8,850; In & out:\$13,300                               |   | In-net: \$6,750; In & out:\$10,000                               |   |
|    | <b>INPATIENT (PART A)</b>  | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| 6  | Hospitals in Network (As directed, except emergency)   | John Muir; Sutter Delta; San Ramon Reg                           | Any Medicare Provider                                   | John Muir; Sutter Delta; Alta Bates; San Ramon Reg               | Any Medicare Provider                                   |
| 7  | Inpatient Hospitalization  | \$215/D Days 1-6   | 40%   | \$250/D Days 1-5   | 45%   |
| 8  | Skilled Nursing Care (100 days each Medicare Benefit period)   | \$0/D Days 1-20<br>\$140/D 21-100                                | 40%   | \$10/D Days 1-20<br>\$214/D 21-51<br>\$0 Days 52-100             | 40%   |
|    | <b>OUTPATIENT (PART B)</b>   | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| 9  | Doctor Groups in Network (Always verify plan with providers or use <a href="#">link</a> to see list) | Select Anthem Phys. Nationwide ( <a href="#">See Directory</a> ) | Any Medicare Provider ( <a href="#">See Directory</a> ) | Select Humana Phys. Nationwide ( <a href="#">See Directory</a> ) | Any Medicare Provider ( <a href="#">See Directory</a> ) |
| 10 | Doctor's Office Visit co-pay   | \$10 - Primary,<br>\$30 - Specialist                             | \$30 - Primary,<br>\$50 - Specialist                    | \$0 - Primary<br>\$35 - Specialist                               | \$25 - Primary<br>\$65 - Specialist                     |
| 11 | Outpatient Procedures co-pay   | \$100-\$175  | 40%   | \$295-\$375  | 45%   |
| 12 | Ground Ambulance co-pay  | \$285  |   | \$315  |   |
| 13 | Emergency Rm. visit co-pay   | \$90 (Worldwide)   |   | \$125 (Worldwide)  |   |
| 14 | Urgent Need Services (USA)   | \$30 (Worldwide)   |   | \$30 (Worldwide)   |   |
| 15 | Radiology Tests (MRI, CT)  | \$50   | 40%   | Up to \$300  | 40%   |
| 16 | Durable Medical Equipment  | 20%  | 40%   | 9%   | 10%   |
| 17 | Chemo. - Part B drugs  | 20%  | 40%   | 20%  | 40%   |
|    | <b>ADDITIONAL BENEFITS</b>   |  |   |  |   |
| 18 | Routine hearing loss exams and Aids  | Hearing Exam \$0, Aids with Allowance                            | Hearing Exam 20%, Aids with Allowance                   | Hearing Exam \$0, Aids with Copay                                |   |
| 19 | Eye Exams Glasses Allowance  | Eye exam \$0, Eyewear with \$200 Allowance                       |   | Eye exam \$0, Eyewear with \$100 Allowance                       |   |
| 20 | Dental Included with Plan Preventive/Comprehensive   | \$500 allowance preventive and comprehensive                     |   | \$1000 allowance preventive and comprehensive                    |   |
| 21 | Transp. to approved location   | Not covered  |   | Not covered  |   |
| 22 | Fitness Benefits   | Some coverage  |   | Some coverage  |   |
| 23 | OTC/Flex Card Credit   | Not covered  |   | Not covered  |   |
| 24 | Optional Upgrade Benefits Available for Extra Premium  | Dental \$23/mo<br>Dental Vision \$36-58/mo                       |   | None   |   |
|    | <b>PRESCRIPTION DRUGS (PART D)</b>   |  |   |  |   |
| 25 | See Medicare <a href="#">PlanFinder</a>  | Yes  |   | Yes  |   |
| 26 | Part D Deductible  | \$575 Tiers 3 to 5   |   | \$300 Tiers 4 and 5  |   |