

2026 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. One Preferred Provider Organization (PPO) plan allows you to see providers without referrals. It also covers 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			☒ ¹			
HumanaChoice (PPO)		*	*	*	*	
Imperial Dynamic						☒

☒ - 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.**

¹ Not all Primary Care Hill Physicians participate

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 1 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 PPO plan, 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: 2025 Medicare cost sharing for skilled nursing facilities: (Days 1–20) \$0, (Days 21–100) \$209.50 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 or Email: <mailto:meahsdhicap@ehsd.cccounty.us>



This publication was 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 \$79,376 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

1	PLAN NAME Contact Information New Current	AARP Med Adv from UHC CA-8P 1-800-555-5757 1-866-261-7709 uhc.com/Medicare	HumanaChoice (PPO) 1-800-873-0686 1-800-457-4708 humana.com/medicare	
2	Plan ID (Link to Benefits)	H0543-189-0	H5525-084-0	
3	Medicare Star Rating	★★★★	★★★½	
4	Plan's Monthly Premium	\$74	\$70 with \$500 health deductible	
5	Out-of-Pocket Limit A&B	\$5,900	In-net: \$6,750; In & out:\$10,100	
	INPATIENT (PART A)		In-Network	Out-of-Network
6	Hospitals in Network (As directed, except emergency)	John Muir; San Ramon Reg; Sutter Delta	John Muir; Sutter Delta; Alta Bates; San Ramon Reg	Any Medicare Provider
7	Inpatient Hospitalization	\$550/D Days 1-5	\$380/D Days 1-5	45%
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$218/D Days 21-100	\$10/D Days 1-20 \$218/D Days 21- 100	40%
	OUTPATIENT (PART B)		In-Network	Out-of-Network
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Select Hill Phys. PCP Hill Phys. East Bay See Directory	Select Humana Phys. Nationwide (See Directory)	Any Medicare Provider See Directory
10	Doctor's Office Visit co-pay	\$0 - Primary \$50 - Specialist	\$0 - Primary \$35 - Specialist	\$25 - Primary \$65 - Specialist
11	Outpatient Procedures co-pay	\$500-550	\$350-425	45%
12	Ground Ambulance co-pay	\$275	\$335	
13	Emergency Rm. visit co-pay	\$130 (\$0 outside US)	\$130 (Worldwide)	
14	Urgent Need Services (USA)	\$50 (\$0 outside US)	\$50 (Worldwide)	
15	Radiology Tests (MRI, CT)	\$260	Up to \$300	40%
16	Durable Medical Equipment	20%	15%	15%
17	Chemo. - Part B drugs	20%	20%	40%
	ADDITIONAL BENEFITS			
18	Routine hearing loss exams and Aids	Hearing Exam \$0, Hearing Aids with copay (\$199-\$1,249)	Hearing Exam \$0, Hearing Aids with copay (\$599-\$899)	
19	Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with \$150 allowance/2yr	Eye exam \$0, Eyewear with \$100 allowance	
20	Dental Included with Plan Preventive/Comprehensive	\$0 copay for covered preventive	\$0 copay for covered preventive, some comprehensive. Max \$1000	
21	Transp. to approved location	Not covered	Not covered	
22	Fitness Benefits	Renew Active	SilverSneakers	
23	OTC/Flex Card Credit	\$25/quarter	Not covered	
24	Optional Upgrade Benefits Available for Extra Premium	Dental \$44/month	None	
	PRESCRIPTION DRUGS (PART D)			
25	See Medicare PlanFinder	Yes	Yes	
26	Part D Deductible	\$440 Tiers 3 to 5	\$615 Tiers 3 to 5	

1	PLAN NAME	Imperial Dynamic	Kaiser Permanente Sr Adv Basic	Kaiser Permanente Sr Adv Enhanced
	Contact Information New Current	1-800-838-5914 1-800-838-8271 imperialhealthplan.com	1-800-777-1238 1-800-443-0815 kp.org/medicare	1-800-777-1238 1-800-443-0815 kp.org/medicare
2	Plan ID (Link to Benefits)	H5496-012-0	H0524-061-0	H0524-033-0
3	Medicare Star Rating	★★★½	★★★★½	★★★★½
4	Plan's Monthly Premium	\$0 - w/\$35 Part B Red.	\$18	\$89
5	Out-of-Pocket Limit A&B	\$296	\$5,000	\$3,400
	INPATIENT (PART A)			
6	Hospitals in Network (As directed, except emergency)	San Ramon Reg'l; Alta Bates; UCSF; Others	Kaiser	Kaiser
7	Inpatient Hospitalization	\$0	\$270/D Days 1-5	\$260/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$100/D Days 21-50 \$200/D Days 51-100	\$0/D Days 1-20 \$100/D Days 21-100	\$0/D Days 1-20 \$100/D Days 21-100
	OUTPATIENT (PART B)			
9	Doctor Groups in Network (Always verify plan with providers or use link to see list)	Imperial Health Holdings; See Directory	Kaiser See Directory	Kaiser See Directory
10	Doctor's Office Visit co-pay	\$0 - Primary \$0 - Specialist	\$5 - Primary \$15 - Specialist	\$0 - Primary \$10 - Specialist
11	Outpatient Procedures co-pay	\$100	\$225	\$215
12	Ground Ambulance co-pay	\$150	\$250	\$250
13	Emergency Rm. visit co-pay	\$125 (\$0 outside US)	\$130 (Worldwide)	\$150 (Worldwide)
14	Urgent Need Services (USA)	\$0 (\$0 outside US)	\$5 (Worldwide)	\$0 (Worldwide)
15	Radiology Tests (MRI, CT)	\$0	\$250	\$250
16	Durable Medical Equipment	20%	20%	20%
17	Chemo. - Part B drugs	20%	\$12-\$47 or 20%	\$7-\$47 or 20%
	ADDITIONAL BENEFITS			
18	Routine hearing loss exams and Aids	Hearing Exam \$0, Hearing Aids with \$500 allowance	Hearing Exam \$15 Hearing Aids not covered	Hearing Exam \$10 Hearing Aids not covered
19	Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with \$500 allowance	Eye exam \$5, Eyewear not covered	Eye exam \$0, Eyewear Not covered
20	Dental Included with Plan Preventive/Comprehensive	\$0 copay for covered preventive up to \$500	\$0 copay for covered preventive	\$0 copay for covered preventive
21	Transp. to approved location	100 one-way trips	Not covered	Not covered
22	Fitness Benefits	Silver & Fit	Not covered	Not covered
23	OTC/Flex Card Credit	\$140/quarter	Not covered	Not covered
24	Optional Upgrade Benefits Available for Extra Premium	None	Dental/Vision/Hearing /Fitness \$20/month	Dental/Vision/Hearing /Fitness \$20/month
	PRESCRIPTION DRUGS (PART D)			
25	See Medicare PlanFinder	Yes	Yes	Yes
26	Part D Deductible	None	None	None