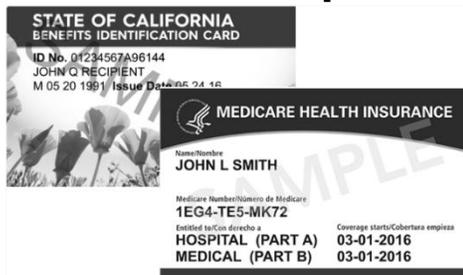


Special Needs Plans: D-SNPs 2026 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County



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

ABOUT THIS CHART

In Contra Costa County, in 2026 two Medicare Advantage plans are designed for persons who have Medicare plus full scope Medi-Cal with \$0 Share of Cost. These integrated 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 plans shown on page 3 are 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.

These integrated plans include 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

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

If you have Medicare Parts A & B and Medi-Cal you may join an integrated plan anytime during the year. You can also join during the Annual Enrollment Period (October 15 to December 7 each year), with coverage starting 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 a 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

As a Full Dual, you may join or switch to another integrated Medicare Advantage Plan once a calendar month, effective the first of the following month. You may also drop your Medicare Advantage Plan in any month and use Medicare as your primary insurance, as well as select a Prescription Plan.

From January 1 through March 31 of each year, everyone in a Medicare Advantage Plan has the right to change to a different Medicare Advantage Plan or to Original Medicare with a separate Prescription Drug plan. And everyone 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? 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 then 'Contact Us' Email: ehsdhicap@ehsd.cccounty.us



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PLAN NAME	Contra Costa Health Care Plus	Kaiser Perm. Dual Complete North P17
Contact Information: New	1-844-729-8411	1-800-443-0815
Current	1-844-729-8411	1-800-443-0815
WEB Page	cchealth.org	kp.org/medicare
Plan ID (Link to Benefits)	H5119-001-0	H8794-017-0
Medicare Star Rating	★★★★½ (NCQA)	★★★★½
Plan's Monthly Premium	\$0	\$0
Out-of-Pocket Limit A&B	\$0	\$0
INPATIENT (PART A)		
Hospitals in Network (As directed, except ER)	CCRMC (Mtz); + Others See Directory	Kaiser
Inpatient Hospitalization	\$0	\$0
Skilled Nursing Care (100 days each Medicare Benefit period)	\$0	\$0
OUTPATIENT (PART B)		
Doctor Groups in Network (Always verify plan with providers or use link to see list)	CCHP + Others See Directory	Kaiser Directory
Doctor's Office Visit co-pay	\$0 - Primary Care \$0 - Specialist	\$0 - Primary Care \$0 - Specialist
Outpatient Procedures co-pay	\$0	\$0
Ground Ambulance co-pay	\$0	\$0
Emergency Rm. visit co-pay	\$0 (US only)	\$0 (Worldwide)
Urgent Need Services (USA)	\$0 (US only)	\$0 (Worldwide)
Radiology Tests (MRI, CT)	\$0	\$0
Durable Medical Equipment	\$0	\$0
Chemo. - Part B drugs	\$0	\$0
ADDITIONAL BENEFITS		
Routine hearing loss exams and Aids	Hearing Exam \$0, Aids covered per Medi-Cal rules	Hearing Exam \$0, Aids covered per Medi-Cal rules
Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with \$200 allowance	Eye exam \$0, Eyewear with \$350 allowance
Dental Included with Plan Preventive/Comprehensive	See Medi-Cal Handbook	See Medi-Cal Handbook
Transp. to approved location	Yes	Yes
Fitness Benefits	Not covered	One Pass
OTC/Flex Card Credit	\$20/month	\$75/quarter
Optional Upgrade Benefits Available for Extra Premium	Yes	Yes
DRUGS (PART D)		
See Medicare PlanFinder	Yes	Yes
Part D Deductible	\$0	\$0