

Special Needs Plans: C-SNPs

2027 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 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). 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)?

Contra Costa County **Health Insurance Counseling and Advocacy Program (HICAP)**

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PLAN NAME	Imperial Senior Value (cardiovascular disorder, chronic heart failure and / or diabetes)
Contact Information: New	1-800-838-5914
Current	1-800-838-8271
Website	imperialhealthplan.com
Plan ID (Link to Benefits)	H5496-005-0
Medicare Star Rating	★★★★
Plan's Monthly Premium	\$0 - w/ \$12 Part B Reduction
Out-of-Pocket Limit A&B	\$295
INPATIENT (PART A)	
Hospitals in Network (As directed, except ER)	San Ramon Reg'l; Alta Bates; UCSF; Others
Inpatient Hospitalization	\$0
Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Day 1-20 \$100/D Day 21-50 \$200/D Day 51-100
OUTPATIENT (PART B)	
Doctor Groups in Network (Always verify plan with pro- viders or use link to see list)	Imperial Health Holdings - See Directory
Doctor's Office Visit co-pay	\$0 - Primary Care \$0 - Specialist
Outpatient Procedure co-pay	\$100
Ground Ambulance co-pay	\$150
Emergency Rm. visit co-pay	\$125 (\$0 Outside US)
Urgent Need Services (USA)	\$0 (Worldwide)
Radiology Tests (MRI, CT)	\$0
Durable Medical Equipment	20%
Chemo. - Part B drugs	20%
ADDITIONAL BENEFITS	
Routine hearing loss exams and Aids	Hearing Exam \$0, Hearing Aids with \$500 allowance
Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with \$500 allowance
Dental Included with Plan Preventive/Comprehensive	\$0 copay for covered up to \$500 (Prev.) / \$4000(Comp.)
Transp. to approved location	70 one-way trips
Fitness Benefits	Gym membership
OTC/Flex Card Credit	\$45/month OTC and \$20/quarter allowance on supple- mental benefits
Optional Upgrade Benefits Available for Extra Premium	None
DRUGS (PART D)	
See Medicare PlanFinder	Yes
Part D Deductible	None

PLAN NAME	Imperial Flex (for CV disorder / diabetes)	UHC Complete Care Support CA-8AP (for CV disorder / CHF / diabetes)
Contact Information: New	1-800-838-5914	1-800-555-5757
Current	1-800-838-8271	1-866-261-7709
Website	imperialhealthplan.com	uhc.com/Medicare
Plan ID (Link to Benefits)	H5496-017-0	H0543-249-0
Medicare Star Rating	★★★★	★★★
Plan's Monthly Premium	\$2.70 / \$0 w Medi-Cal	\$0
Out-of-Pocket Limit A&B	\$9,850	\$9,850
INPATIENT (PART A)		
Hospitals in Network (As directed, except ER)	San Ramon Reg'l; Alta Bates; UCSF; Others	John Muir; San Ramon Reg'l; Sutter Delta; UCSF; Others
Inpatient Hospitalization	Medicare cost sharing or \$0 with Medi-Cal	\$1,675/stay or \$0 w Medi-Cal
Skilled Nursing Care (100 days each Medicare Benefit period)	\$0/D Days 1-20 \$100/D Days 21-50 \$200/D Days 51-100	Medicare cost sharing or \$0 with Medi-Cal
OUTPATIENT (PART B)		
Doctor Groups in Network (Always verify plan with providers or use link to see list)	Imperial Health Holdings See Directory	UHC Physician Directory
Doctor's Office Visit co-pay	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
Outpatient Procedure co-pay	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
Ground Ambulance co-pay	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
Emergency Rm. visit co-pay	Up to \$115 / \$0 w Medi-Cal	\$115/\$0 w Medi-Cal (US only)
Urgent Need Services (USA)	Up to \$40 / \$0 w Medi-Cal	\$40/\$0 w Medi-Cal (US only)
Radiology Tests (MRI, CT)	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
Durable Medical Equipment	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
Chemo. - Part B drugs	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal
ADDITIONAL BENEFITS		
Routine hearing loss exams and Aids	Hearing Exam \$0, Hearing Aids with \$500 allowance	Hearing Exam \$0, Hearing Aids with \$1,500 allowance every 2 years
Eye Exams Glasses Allowance	Eye exam \$0, Eyewear with \$500 allowance	Eye exam \$0, Eyewear with \$200 allowance
Dental Included with Plan Preventive/Comprehensive	\$0 copay for covered up to \$500 (Prev.) / \$4000(Comp.)	\$0 copay for covered preventive
Transp. to approved location	20 one-way trips	Not covered
Fitness Benefits	Gym membership	Not covered
OTC/Flex Card Credit	\$40/mth OTC and \$300/qtr allowance on supp. benefits	\$40/month OTC
Optional Upgrade Benefits Available for Extra Premium	None	None
DRUGS (PART D)		
See Medicare PlanFinder	Yes	Yes
Part D Deductible	\$450 Tier 2-5 / none with LIS	\$100 Tier 3-5 / none with LIS