2027 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

	DOCTOR GROUPS					
PLANS	Kaiser	John Muir	Hill Phys.	Sutter	Brown &Toland	Imperial
Kaiser (All)	☑					
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.**

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)?

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MIPPA MAKING MEDICARE MORE AFFORDABLE

PLAN NAME	**HumanaChoice (PPO)** ***In-Network***	**HumanaChoice (PPO)** ***Out-of-Network***
Contact Information: New	1-888-873-0686	Same
Current	1-800-457-4708	Same
Website	humana.com/medicare	Same
Plan ID (Link to Benefits)	H5525-084-0	Same
Medicare Star Rating	★★★★	Same
Plan's Monthly Premium	$93 with $1000 deductible	Same
Out-of-Pocket Limit A&B	$6,750	$10,100
INPATIENT (PART A)	In-Network	Out-of-Network
Hospitals in Network (As directed, except ER)	John Muir; Sutter Delta; Alta Bates; San Ramon Reg	Any Medicare Provider
Inpatient Hospitalization	$410/D Day 1-5	45%
Skilled Nursing Care (100 days each Medicare Benefit period)	$10/D Day 1-20 $221/D Day 21-100	40%
OUTPATIENT (PART B)	In-Network	Out-of-Network
Doctor Groups in Network (Always verify plan with providers or use link to see list)	Select Humana Phys. Nationwide See Directory	Any Medicare Provider See Directory
Doctor's Office Visit co-pay	$0 - Primary $40 - Specialist	$25 - Primary 35% - Specialist
Outpatient Procedure co-pay	$375 - 450	50%
Ground Ambulance co-pay	$265	Same
Emergency Rm. visit co-pay	$130 (Worldwide)	Same
Urgent Need Services (USA)	$50 (Worldwide)	Same
Radiology Tests (MRI, CT)	Up to $345	50%
Durable Medical Equipment	19%	50%
Chemo. - Part B drugs	20%	50%
ADDITIONAL BENEFITS		
Routine hearing loss exams and Aids	Hearing Exam $0, Up to 2 Hearing Aids with copay ($575-$750 per aid)	5% reimbursement on eligible services/items
Eye Exams Glasses Allowance	Eye exam $0, Eyewear with $200 allowance at PLUS Provider	Eye exam $0, Eyewear with $100 allowance
Dental Included with Plan Preventive/Comprehensive	$0 copay for covered prev.; some comp. Max $1000	Same
Transp. to approved location	Not covered	Same
Fitness Benefits	SilverSneakers	Same
OTC/Flex Card Credit	Not covered	Same
Optional Upgrade Benefits Available for Extra Premium	None	Same
DRUGS (PART D)		
See Medicare PlanFinder	Yes	Same
Part D Deductible	$700 Tiers 3 to 5	Same

PLAN NAME	Imperial Dynamic	Kaiser Permanente Sr Adv Basic	Kaiser Permanente Sr Adv Enhanced
Contact Information: New	1-800-838-5914	1-800-777-1238	1-800-777-1238
Current	1-800-838-8271	1-800-443-0815	1-800-443-0815
Website	imperialhealthplan.com	kp.org/medicare	kp.org/medicare
Plan ID (Link to Benefits)	H5496-012-0	H0524-061-0	H0524-033-0
Medicare Star Rating	★★★★	★★★★½	★★★★½
Plan's Monthly Premium	$0 - w/$15 Part B	$29	$98
Out-of-Pocket Limit A&B	$295	$6,000	$3,900
INPATIENT (PART A)			
Hospitals in Network (As directed, except ER)	San Ramon Reg'l; Alta Bates; UCSF	Kaiser	Kaiser
Inpatient Hospitalization	$0	$410/D Days 1-5	$310/D Days 1-5
Skilled Nursing Care (100 days each Medicare Benefit period)	$0/D Day 1-20 $100/D Day 21-50 $200/D Day 51-100	$0/D Day 1-20 $221/D Day 21-100	$0/D Day 1-20 $221/D Day 21-100
OUTPATIENT (PART B)			
Doctor Groups in Network (Always verify plan with providers or use link to see	Imperial Health Holdings See Directory	Kaiser See Directory	Kaiser See Directory
Doctor's Office Visit co-pay	$0 - Primary $0 - Specialist	$0 - Primary $30 - Specialist	$0 - Primary $15 - Specialist
Outpatient Procedure co-	$100	$410	$310
Ground Ambulance co-pay	$150	$350	$350
Emergency Rm. visit co-	$125 ($0 outside	$130 (Worldwide)	$150 (Worldwide)
Urgent Need Services	$0 ($0 outside US)	$0 (Worldwide)	$0 (Worldwide)
Radiology Tests (MRI, CT)	$0	$300	$300
Durable Medical Equipment	20%	20%	20%
Chemo. - Part B drugs	20%	20%	20%
ADDITIONAL BENEFITS			
Routine hearing loss exams and Aids	Hearing Exam $0, Hearing Aids with $500 allowance	Hearing Exam $30 Hearing Aids not covered	Hearing Exam $15 Hearing Aids not covered
Eye Exams Glasses Allowance	Eye exam $0, Eyewear with $500 allowance	Eye exam $0, Eyewear not covered	Eye exam $0, Eyewear Not covered
Dental Included with Plan Preventive/Comprehensive	$0 copay for covered up to $500 (Prev.)/	$0 copay for covered preventive. Some restorative.	$0 copay for covered preventive. Some restorative.
Transp. to approved loc.	45 one-way trips	Not covered	Not covered
Fitness Benefits	Gym membership	One Pass	One Pass
OTC/Flex Card Credit	$40/month	Not covered	Not covered
Optional Upgrade Benefits Available for Extra Premium	None	Dental/Vision/Hearing $17/mo	Dental/Vision/Hearing $17/mo
DRUGS (PART D)			
See Medicare PlanFinder	Yes	Yes	Yes
Part D Deductible	None	None	None