

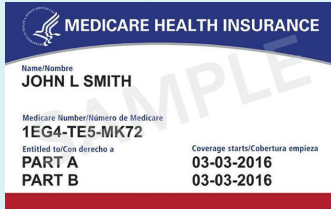
# Your Medicare Choices

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## Use Original Medicare

### Parts A & B (Original Medicare)

#### Part A: Hospital Insurance



- You may go to any doctor, provider, hospital, facility or supplier in the Medicare program.
- Medicare pays its portion of your covered service/benefit.
- You pay the deductible, copay, and coinsurance (find these out-of-pocket costs in the Pocket on the next page).

#### Part B: Medical Insurance



Optional supplemental and drug coverage below



### Medigap

#### Medicare Supplement Insurance

- You must have enrolled in both Part A AND Part B to buy a Medigap.
- Plans cover Original Medicare deductibles, and co-pays/coinsurance.
- Policies offered by private insurance companies.
- Premiums vary by plan and company.
- Employers and unions may offer similar retiree coverage.

### Part D

#### Prescription Drug Coverage

- Plans offered by private insurance companies.
- Plans cover out-patient prescription drugs.

OR

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## Join and use a Medicare Advantage Plan

### Part C

#### A, B and D managed by an HMO

- You must have enrolled in both Part A AND Part B to enroll in Part C
- You must go to medical groups, doctors, hospitals, suppliers, and pharmacies that have a contract with the Medicare Advantage Plan.
- Medicare/CMS pays the insurance company each month you are enrolled in its Medicare Advantage Plan. Extra plan benefits can be included
- You pay the premium, deductibles and co-pays/coinsurance set by the HMO.
- Authorization of services is managed by the HMO and medical group you choose.

Part D Drug Coverage is usually included

You may have other options if you have extra coverage from an employer, union, military, VA, or Medi-Cal (due to limited resources and income). Call HICAP to discuss.

# Additional Resources

(800) 434-0222	HICAP statewide access, <a href="http://www.aging.ca.gov/HICAP/">www.aging.ca.gov/HICAP/</a>
(800) 633-4227	Medicare Information, Billing, Status, Appeals, etc., <a href="http://www.medicare.gov">www.medicare.gov</a>
(855) 693-7285	Bay Area Legal Aid, Health Consumer Center, <a href="http://www.baylegal.org">www.baylegal.org</a>
(800) 999-1118	Coordination of Benefits and Recovery Center, access information about insurance that would pay before Medicare, <a href="http://www.cms.gov/Medicare/Medicare.html">www.cms.gov/Medicare/Medicare.html</a>
(800) 474-1116	California Advocates for Nursing Home Reform (CANHR), <a href="http://www.canhr.org">www.canhr.org</a>
(800) 927-4357	California Department of Insurance, <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>
(888) 225-7377	California Public Employees' Retirement System (CalPERS), <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
(800) 228-5453	California State Teachers Retirement System (CalSTRS), <a href="http://www.calstrs.com">www.calstrs.com</a>
(800) 300-1506	Covered California, California Health Insurance Exchange, <a href="http://www.coveredca.com">www.coveredca.com</a>
(800) 447-8477	California Department of Health and Human Services, Office of Inspector General, information regarding Medicare fraud, waste, and abuse, <a href="http://www.oig.hhs.gov">www.oig.hhs.gov</a>
(800) 827-1000	Department of Veterans Affairs, <a href="http://www.va.gov">www.va.gov</a>
(888) 767-6738	Federal Employee Health Benefits Program (FEHBP), <a href="http://www.opm.gov/insure/health">www.opm.gov/insure/health</a>
(916) 930-3927	Indian Health Services, <a href="http://www.ihs.gov">www.ihs.gov</a>
(877) 588-1123	Livanta, Quality Improvement Organization, Quality of care issues, hospital appeal rights, denial of admissions or early discharge from hospital, <a href="http://www.livanta.com">www.livanta.com</a>
(703) 838-7760 (800) 456-8410	National Association of Retired Federal Employees (NARFE), <a href="http://www.narfe.org">www.narfe.org</a>
(888) 466-2219	Office of the Patient Advocate, find health care quality report cards, <a href="http://www.opa.ca.gov">www.opa.ca.gov</a>
(877) 772-5772	Railroad Retirement Board (RRB), <a href="http://www.rrb.gov">www.rrb.gov</a>
(650) 969-8656 (408) 847-7252	Senior Adults Legal Assistance, <a href="http://www.sala.org">www.sala.org</a>
(855) 613-7080	Senior Medicare Patrol, report Medicare fraud, waste, or abuse, <a href="http://www.cahealthadvocates.org/fraud-abuse/">www.cahealthadvocates.org/fraud-abuse/</a>
(800) 772-1213	Social Security Office for Medicare Part A and B enrollment and Part D low income subsidy, <a href="http://www.ssa.gov">www.ssa.gov</a>
(877) 962-3633	Social Services Agency County of Santa Clara for Medi-Cal and low income assistance, <a href="http://www.sccgov.org/sites/ssa/debs/hc/">www.sccgov.org/sites/ssa/debs/hc/</a>
(866) 773-0404	TRICARE for Life, for military retirees and their families, <a href="http://www.tricare4u.com">www.tricare4u.com</a>
(888) 874-9378	TriWest Healthcare Alliance West Region, for Veteran services, <a href="http://www.triwest.com">www.triwest.com</a>

## 2021 Medigap Plan Benefits and Coverage

Benefits for 2021	Plans Available to All Participants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>(1)</sup>	K	L	M	N	C	F <sup>(1)</sup>
Part A Hospital Inpatient Coinsurance days 61-90 (\$371/day), days 91-150 (\$742/day), and beyond that, an extra 365 days at 100%	•	•	•	•	•	•	•	•	•	•
Part B Coinsurance (20%)	•	•	•	•	50%	75%	•	•	•	•
Blood (First 3 Pints)	•	•	•	•	50%	75%	•	•	•	•
Part A Hospice Coinsurance (5% inpatient respite and \$5/prescription)	•	•	•	•	50%	75%	•	•	•	•
Part A Skilled Nursing Facility Coinsurance days 21-100 (\$185.50/day)			•	•	50%	75%	•	•	•	•
Part A Hospital Inpatient Deductible days 1-60 (\$1,484)		•	•	•	50%	75%	50%	•	•	•
Part B Annual Deductible (\$203)									•	•
Part B Excess Charges (up to 15%)				•						•
Foreign Travel Emergency <sup>(4)</sup>			•	•			•	•	•	•
Out-of-pocket limit in <sup>(2)</sup>					\$6,220 <sup>(2)</sup>	\$3,110 <sup>(2)</sup>				

**This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.**

<sup>(1)</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,370 in 2021] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>(2)</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>(3)</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

<sup>(4)</sup> 80% coverage for emergency care in foreign country, after \$250 deductible, life time maximum of \$50,000.

## 2021 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 13th, 2020 for 95126

	Age	Plan Letter									Plan Letter			Rating *
		Plans Available to All Participants									Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>	
Aetna Life Insurance (800) 345.6022 aetna.com	<65	246								312		364		AA
	65	152	156		159					121		185		
	70	183	191		196					150		227		
	75	210	225		235					180		270		
	80	228	250		272					210		302		
American National Life (800) 899.6503 americannational.com	<65	301								300		418		AA
	65	123			148					122		169	47	
	70	135			162					133		186	52	
	75	156			188					156		216	59	
	80	178			215					177		247	68	
(+ ) Blue Cross of California (800) 333.3883 anthem.com	<65	234			377					304		492		AA
	65	100			126					128		183		
	70	122			153					156		223		
	75	148			186					189		271		
	80	179			225					229		328		
(+ ) Blue Shield of California (California Physicians Service) (800) 248-2341 blueshieldca.com	<65	586		755	793		388			628	899	892	265	AA
	65	110		143	118		72			117	169	150	45	
	70	126		172	154		88			138	203	180	58	
	75	190		245	219		127			204	288	246	83	
	80	211		281	270		148			227	329	313	92	
Cigna health and Life Insurance (866) 459.4272 cigna.com	<65	272			293					239		359	97	AA
	65	120			129					100		159	43	
	70	146			157					122		193	52	
	75	178			191					148		235	63	
	80	206			222					176		272	73	
Colonial Penn Life Insurance (800) 800.2254 colonialpenn.com	<65	236		281	345	70	119	232	299	261		375	70	AA
	65	120	155	128	157	34	54	115	139	103		182	34	
	70	147	188	165	194	41	66	136	173	134		220	41	
	75	179	228	212	240	50	82	166	216	173		267	50	
	80	208	265	255	290	60	99	197	257	214		319	60	
Combined Insurance Company of America (855) 278.9329 combinedinsurance.com	<65	196			302					227		354		AA
	65	121			141					117		165		
	70	139			156					135		183		
	75	154			188					154		220		
	80	163			216					168		253		
Continental Life Insurance (an Aetna Company) (800) 264.4000 aetnaseniorproducts.com	<65	285			371					267		505		AA
	65	150	190		195					133		266	54	
	70	181	230		236					163		321	66	
	75	221	279		286					201		390	80	
	80	253	320		329					235		449	92	
Everence Association Inc (800) 348.7468 everence.com	<65	283			304					238		326		AA
	65	142			152					113		163		
	70	172			192					141		205		
	75	213			228					175		245		
	80	248			266					209		286		
First Health Life & Health Insurance Company (855) 369.4835 firsthealth.com	<65	235			361					245		390		AA
	65	162	184		197					129		219		
	70	185	214		232					152		257		
	75	206	244		267					176		295		
	80	218	268		299					199		328		

## 2021 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 13th, 2020 for 95126

	Age	Plan Letter										Plan Letter			Rating *
		Plans Available to All Participants										Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N		C	F	F <sup>(1)</sup>	
Garden State Life Insurance Company (844) 639.3648	<65	276			349					287		465			AA
	65	120			152	48			128	125		203			
	70	132			168	52			140	138		223			
	75	156			198	61			166	163		263			
	80	184			231	72			195	190		308			
Globe Life and Accident Insurance (800) 801.6831 globecaremedsupp.com	<65	213	357		334					284		357	360		AA
	65	106	156		156	35				130		173	174	32	
	70	139	188		189	47				157		205	207	44	
	75	151	221		222	60				186		238	239	56	
	80	152	225		239	72				203		255	257	67	
(+ ) Health Net Life Insurance (877) 846.0774 healthnet.com	<65	220		331	289					296		314	132		AA
	65	109		136	143					122		155	65		
	70	131		164	172					147		187	79		
	75	162		205	213					183		232	97		
	80	182		231	239					206		260	109		
Humana Benefit Plan of Illinois (888) 310.8482 humana.com	<65	319			390	126				332		436			AA
	65	169			179	62				140		207			
	70	176			185	67				145		215			
	75	206			222	80				179		253			
	80	240			269	92				222		303			
Humana Insurance Company (888) 310.8482 humana.com	<65	224	299			74	128	186		180		299	304	78	AA
	65	121	132		134	40	70	101		98		164	168	42	
	70	145	158		160	48	83	121		117		196	200	51	
	75	172	187		189	57	99	143		138		232	237	60	
	80	198	216		219	66	114	165		160		268	274	69	
Individual Assurance Co., Life, Health & Accident (877) 358.4060 iaclife.com	<65	295			372					327		450			AA
	65	169			182					155		230			
	70	191			206					175		257			
	75	219			243					207		299			
	80	244			282					242		344			
Loyal American Life Insurance Company (a Cigna Company) (877) 890.1320 cigna.com	<65	254			279					208		355			AA
	65	147			143					105		190			
	70	173			170					123		221			
	75	199			200					146		258			
	80	224			234					172		299			
Mutual of Omaha Insurance Company (800) 775.1000 mutualofomaha.com	<65	210			318					241		378			AA
	65	121			183	35				138		217	50		
	70	132			200	39				151		238	55		
	75	155			235	48				177		279	65		
	80	181			274	56				207		326	76		
National Guardian Life Insurance Company (877) 888.1511	<65	252			300					250		338			AA
	65	143			146					118		171			
	70	151			154					125		179			
	75	178			186					151		214			
	80	204			222					181		253			
National Health Insurance Company (877) 916.8816	<65	302			336					273		398	124		AA
	65	121			135					109		159	49		
	70	136			151					123		179	56		
	75	163			182					148		216	67		
	80	192			215					174		254	79		

## 2021 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 13th, 2020 for 95126

	Age	Plan Letter									Plan Letter			Rating *
		Plans Available to All Participants									Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>	
Oxford Life Insurance (800) 308.2318 oxfordlife.com	<65	295			236					266		435		AA
	65	184			141					127		237		
	70	218			152					149		281		
	75	259			185					177		331		
	80	285			210					205		378		
State Farm Mutual Automobile Insurance Contact local agent statefarm.com	<65	183	336	321	322					247	336	339		AA
	65	89		117	117					90	163	164		
	70	112		149	150					114	205	207		
	75	130		178	178					136	238	240		
	80	146		203	203					157	267	270		
Thrivent Financial for Lutherans (800) 847.4836 thrivent.com	<65	219	328	295	290			217	262		328	350	55	AA
	65	147	141	148	145			108	135		174	186	25	
	70	175	169	179	176			131	163		206	221	31	
	75	201	199	216	212			158	196		245	262	38	
	80	215	221	256	252			188	230		287	307	46	
Thrivent Financial for Lutherans (800) 847.4836 thrivent.com	<65	223	363	329	323			236	290		363	387	60	IA
	65	176	178	205	201			146	185		232	247	36	
	70	196	201	237	233			169	213		266	285	42	
	75	211	223	272	268			194	244		303	324	49	
	80	219	238	306	301			217	271		338	361	55	
Transamerica Life Insurance Company (888) 272.9272 transamerica.com	<65	194	304		281			181		210	304	305		IA
	65	94			136			87		101	147	147		
	70	119			172			111		128	186	187		
	75	146			211			136		158	229	230		
	80	173			250			161		186	270	272		
Transamerica Premier Life Insurance Company (888) 272.9272 transamericaaffinity.com	<65	193			252					215	327			AA
	65	101			133					113	172			
	70	112			147					125	191			
	75	136			179					152	232			
	80	162			213					181	276			
United American Insurance (800) 331.2512 unitedamerican.com	<65	231	448	441	410					299	448	449		AA
	65	117	151	178	164	33	102	144		122	193	196	31	
	70	148	193	233	215	45	134	190		160	248	251	41	
	75	166	220	273	252	58	148	210		189	288	291	53	
	80	170	230	306	281	69	154	218		213	320	324	63	
United Healthcare Insurance Company (800) 523.5800 uhc.com	<65	167	238		226		90				282	283		CR
	65	85	122		116		46	81		98	145	145		
	70	106	151		143		57	100		121	178	179		
	75	167	238		226		90	158		191	282	283		
	80	167	238		226		90	158		191	282	283		
USAA Life Insurance Co (800) 531.8000 usaa.com	<65	195			372					196	300			AA
	65	109			126					110	168			
	70	127			137					129	196			
	75	152			165					154	235			
	80	176			205					178	272			

<65: Medicare beneficiaries who qualify due to a disability pay higher premiums until age 65.

F<sup>(1)</sup> and G<sup>(1)</sup>: High Deductible Plan F or G. See note above.

### \* Rating

CR: Community rated: same monthly "Base" premium regardless of age. Discounts apply until age 75.

IA: Issued age rated: premium is based on the age at which you have purchased the policy.

AA: Attained age rated: premium goes up as you age.

- Certain professional and religious organizations offer additional Medigap policies to their members.
- Source: California Department of Insurance rates are updated throughout the year.
- Premium varies with age, zip code, and sometimes with smoking habit.

(+) May include additional benefits - Hearing, Vision, Etc. Call to confirm.

# Original Medicare: Part A & B

## Premiums, Benefits, & Out-of-Pocket Costs for 2021

Medicare due to Age (65+) <sup>1</sup>		
	Your or Your Spouse's Social Security Credits	Monthly Premium
Premium-Free Part A	40	\$0
Premium Part A	30-39	\$259
	0-29	\$471
Part B (standard rate)	N/A	\$148.50 <sup>2</sup>

Part A			
Benefit	Your Deductible and Coinsurance (per benefit period) <sup>3</sup>		
Hospital Inpatient	\$1,484 deductible	days	1-60
	\$371 / day	days	61-90
	\$742 / day	days	91-150 <sup>4</sup>
Hospital Inpatient Psychiatric	Same as Hospital Inpatient but a 190 day lifetime limit		
Skilled Nursing Facility	\$0	days	1-20
<i>after a three day hospital inpatient stay with skilled care required daily</i>	\$185.50 / day	days	21-100
	You pay all Part A SNF costs	days	101+ (no coverage)
Home Health Care	Nothing except 20% of covered durable medical equipment		
<i>part-time skilled care; possible home health aide; up to 35 hours / week</i>			
Hospice	Nothing except 5% of inpatient respite care and up to \$5 per prescription		
<i>care of terminal illness</i>			

Part B	
Benefit	Your Deductible and Coinsurance <sup>5</sup>
	Annual Deductible - \$203
Some Preventive Services	0/20%
Physician Services	20% <sup>6</sup>
Hospital Outpatient Services	20% <sup>6</sup> (capped at \$1,484 for each service)
Medical Equipment & Supplies	20% <sup>6</sup>
Ambulance Services	20%
Mental Health Outpatient	20%
Mental Health Partial Hospitalization	20%-40%
Home Health Care	Nothing except 20% of covered durable medical equipment
Clinical Lab Services	Nothing

1. Medicare Part A due to a disability or End Stage Renal Disease (ESRD) is always premium-free. The credits needed to qualify (from you or a family member) depend on the age the disability started or when dialysis / kidney transplant occurred.  
Earning \$1,470 is equal to one Social Security credit in 2021. Up to four credits can be earned each year.
2. Some individuals pay less because Part B premium increases can be no greater than the increase in their Social Security benefits. Individuals and couples with an income greater than \$88,000/\$176,000 pay more. See below for details.
3. You must pay the inpatient hospital deductible for each benefit period. A benefit period begins upon formal admission as an inpatient, and ends when you have not received hospital care (or skilled care in a SNF) for 60 days in a row.
4. The 60 reserve days may be used only once during a lifetime.
5. Coinsurance is a percentage of the Medicare-approved amount (what Medicare says a service/item costs).
6. Plus up to an additional 15% of Medicare's approved amount for providers/suppliers that do not accept Medicare assignment (the approved amount as payment in full).

## 2021

Beneficiaries who file an individual tax return with 2018 income:	Beneficiaries who file a joint tax return with 2018 income:	Part B Income-related monthly adjustment amount (IRMAA)	Total monthly Part B premium amount	Part D IRMAA
\$88,000 or less	\$176,000 or less	\$0.00	\$148.50	\$0.00
\$88,001 - \$111,000	\$176,001 - \$222,000	\$59.40	\$207.90	\$12.30
\$111,001 - \$138,000	\$222,001 - \$276,000	\$148.50	\$297.00	\$31.80
\$138,001 - \$165,000	\$276,001 - \$330,000	\$237.60	\$386.10	\$51.20
\$165,001 - \$500,000	\$330,001 - \$750,000	\$326.70	\$475.20	\$70.70
Above \$500,000	Above \$750,000	\$356.40	\$504.90	\$77.10
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouses:				
\$88,000 or less		\$0.00	\$148.50	\$0
\$88,001 - \$412,000		\$326.70	\$475.20	\$70.70
Above \$412,000		\$356.00	\$504.90	\$77.10

### Preventive Services:

Abdominal aortic aneurysm screening	HIV screening
Alcohol misuse screenings & counseling	Lung cancer screening
Bone mass measurements (bone density)	Mammograms (screening)
Cardiovascular disease screenings	Nutrition therapy services
Cardiovascular disease (behavioral therapy)	Obesity screenings & counseling
Cervical & vaginal cancer screening	One-time "Welcome to Medicare" preventive visit
Colorectal cancer screenings	Prostate cancer screenings
Depression screenings	Sexually transmitted infections screening & counseling
Diabetes prevention program	Shots:
Diabetes screenings	Flu shots
Diabetes self-management training	Hepatitis B shots
Glaucoma tests	Pneumococcal shots
Hepatitis B Virus (HBV) infection screening	Tobacco use cessation counseling
Hepatitis C screening test	Yearly "Wellness" visit



# 2021 Medicare Part D Stand-Alone Prescription Drug Plans

Must have at least Medicare Part A or Part B to enroll in these plans

Find out how much your own medications would cost with each plan - use the Medicare.gov Plan Finder

Legend: ST = Specialty and/or Injectibles SCD = Select Care Drug . Plans place drugs into numbered Tiers 1, 2, 3, 4 etc. A drug's tier will vary by plan.



Mail Order Available

¢ Benchmark plan (\$0 premium with full Low-Income Subsidy)<sup>1</sup>



☆ Plan Rating

Organization Name Telephone Website	Plan Name	Monthly Premium	Annual Deductible	Initial Coverage Period 30-day Pharmacy Cost <sup>2</sup>					Coverage Gap <sup>3</sup> Additional benefits			
				Tier 1	Tier 2	Tier 3	Tier 4	ST / SCD			¢	☆
<b>Anthem Blue Cross Life and Health Insurance Co.</b> (833) 348-5281 <a href="http://shop.anthem.com/medicare">shop.anthem.com/medicare</a>	MediBlue Rx Enhanced	\$26.10	\$300	\$0	\$2	20%	39%	26%	Yes	X		3.5
	MediBlue Rx Plus	\$79.90	\$0	\$1	\$3	\$43	45%	33%	No	X		3.5
	MediBlue Rx Standard	\$84.20	\$390	\$1	\$2	\$32	27%	25%	No	X		3.5
<b>Blue Shield of California</b> (800) 488-8000 <a href="http://blueshieldca.com">blueshieldca.com</a>	Rx Plus	\$59.00	\$445	\$2	\$6	\$39	41%	25%	No	X		4.0
	Rx Enhanced	\$130.40	\$0	\$2	\$7	\$43	33%	33%	No	X		4.5
<b>Cigna-HealthSpring Rx</b> (800) 735-1459 <a href="http://cignahealthspring.com">cignahealthspring.com</a>	Rx Secure Essential	\$24.00	\$445	\$0	\$2	18%	43%	25%	No	X		3.5
	Secure Rx	\$27.70	\$445	\$1	\$2	\$30	50%	25%	No	X	¢	3.5
	Secure Extra Rx	\$30.30	\$100	\$4	\$10	\$42	49%	31%	Yes	X		3.5
<b>Clear SpringHealth</b> (877)384-1241 <a href="http://clearspringhealthcare.com">clearspringhealthcare.com</a>	Premier Rx	\$13.30	\$445	\$1	\$3	\$40	45%	25%	No	X		N/A
	Value Rx	\$29.50	\$445	\$1	\$3	\$42	35%	25%	No	X	¢	N/A
<b>Elixir Insurance</b> (888) 377-1439 <a href="http://envisionrxplus.com">envisionrxplus.com</a>	Elixir Rx Plus	\$15.10	\$445	\$1	\$6	\$43	45%	25%	No	X		3.5
	Elixir Rx Secure	\$30.80	\$445	\$1	\$7	15%	29%	25%	No	X	¢	3.5
<b>Express Scripts Medicare</b> (866) 477-5704 <a href="http://express-scriptsmedicare.com">express-scriptsmedicare.com</a>	Saver	\$26.50	\$285	\$2	\$7	\$35	50%	28%	No	X		3.5
	Value	\$61.00	\$445	\$1	\$3	\$30	50%	25%	No	X		3.5
	Choice	\$84.90	\$100	\$2	\$7	\$42	49%	31%	Yes	X		3.5
<b>Humana Insurance Company</b> (800) 706-0872 <a href="http://humana.com/medicare">humana.com/medicare</a>	Walmart Value Rx	\$17.20	\$445	\$1	\$4	17%	35%	25%	No	X		3.5
	Basic Rx	\$30.30	\$445	\$0	\$1	20%	32%	25%	No	X	¢	3.5
	Premier Rx	\$72.50	\$445	\$1	\$4	\$45	49%	25%	No	X		3.5
<b>Mutual of Omaha</b> (800)961-9006 <a href="http://mutualofomaharx.com">mutualofomaharx.com</a>	Rx Premier	\$24.00	\$445	\$0	\$2	23%	44%	25%	No	X		2.5
	Rx Plus	\$100.00	\$445	\$0	\$2	20%	35%	25%	No	X		2.5
<b>SilverScript</b> (866) 552-6106 <a href="http://silverscript.com">silverscript.com</a>	Smart Rx	\$7.20	\$445	\$0	\$19	\$46	48%	25%	No	X		3.5
	Choice	\$29.50	\$250	\$0	\$5	\$35	39%	28%	No	X	¢	3.5
	Plus	\$81.60	\$0	\$0	\$2	\$47	45%	33%	Yes	X		3.5
<b>UnitedHealthcare (AARP)</b> (888) 867-5564 (800) 753-8004/Walgreens <a href="http://aarpmedicarerx.com">aarpmedicarerx.com</a>	Medicare Rx Saver Plus	\$29.20	\$445	\$1	\$5	\$25	40%	25%	No	X	¢	3.5
	Medicare Rx Walgreens	\$41.60	\$445	\$0	\$6	\$40	40%	25%	No	X		3.5
	Medicare Rx Preferred	\$99.30	\$0	\$5	\$10	\$45	40%	33%	No	X		3.5
<b>WellCare</b> (888) 293-5151 <a href="http://wellcarepdp.com">wellcarepdp.com</a>	Wellness Rx	\$15.20	\$445	\$0	\$5	\$40	46%	25%	No	X		4.5
	Value Script	\$17.20	\$445	\$0	\$7	\$43	47%	25%	No	X		4.5
	Rx Select	\$28.30	\$385	\$0	\$3	\$47	42%	26%	No	X		3.5
	Classic	\$30.10	\$445	\$0	\$2	\$30	35%	25%	No	X	¢	4.5
	Rx Saver	\$37.10	\$445	\$0	\$2	\$36	39%	25%	No	X		3.5
	Rx Value Plus	\$81.00	\$0	\$1	\$4	\$47	44%	33%	No	X		3.5

<sup>1</sup> Benchmark plan: \$0 premium with full Low Income Subsidy (Extra Help for Part D) or full Medi-Cal. In 2021 the Benchmark subsidy amount is \$31.45. Individuals with full Medi-Cal or full Extra Help in non-benchmark plans would pay the premium minus the benchmark subsidy. Lower copays would still apply. Contact HICAP for more information.

<sup>2</sup> Pharmacy cost: The lowest possible copayments are shown, e.g. when a prescription is filled at a Plan's Preferred Cost Sharing Pharmacy if it has one.

<sup>3</sup> Coverage Gap: As you fill prescriptions, and the full retail price of your drugs reaches \$4130, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the brand drug price and 25% of the generic drug price. Plans may extend additional benefits in the Donut Hole. You remain in the Donut Hole until your TrOOP (True out-of-Pocket cost) reach \$6550. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$6550, you enter Catastrophic Coverage and pay the greater of 5% or \$3.70/\$9.20 for generic / brand drugs.

**Part D Late Enrollment Penalty:** Part D enrollees who signed up late pay an additional \$0.32 for each month they could have enrolled in Part D but did not (unless other creditable drug coverage existed). The \$0.32 penalty is 1% of the National Base Beneficiary Premium (\$33.06 in 2021).

Information subject to change. Contact plans to verify information.

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Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2021

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Benefits and Services (Both Part A & B required)	AARP Medicare Advantage SecureHorizons	AARP Medicare Advantage SecureHorizons Focus	Aetna Medicare Plus Plan	Aetna Medicare Eagle Plan (No Part D Drug Coverage)	Aetna Medicare Elite Plan (PPO) In Network	Aetna Medicare Elite Plan (PPO) Out-of-Network	Alignment Health Plan AVA	Alignment Health Plan Harmony
Plan ID	H0543-029	H0543-193	H4982-006	H4982-013	H5521-293	H5521-293	H3815-026	H3815-031
Five-star Rating	★★★★	★★★★	Too new to be measured	Too new to be measured	★★★★	★★★★	★★★★	★★★★
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	NCA, PMGSJ, SCIPPA, SJMG, Sutter/PAMF	PMGSJ <sup>8</sup>	SCCIPA		non-SCCIPA provider		Alignment Network (check with Plan)	Nor Cal Adv, NCPN, PMGSJ, SCCIPA
Premium (monthly)	\$101	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	\$5,900	\$4,000	\$3,400	\$4,200	\$750 Deductible*; \$7,550	\$750 deductible*; \$11,300	\$1,999	\$2,900
Inpatient Care								
Inpatient Hospital Care	\$390/day, days 1-5 \$0 after day 5	\$175/day, days 1-5 \$0 after day 5	\$100/day, days 1-4 \$0 after day 4	\$50/day, days 1-3 \$0 after day 3	\$325/day, days 1-4 \$0 after day 4 + deductible* unlimited	45% per stay unlimited number of days	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10
Inpatient Mental Health (190 days lifetime max)	\$390/day, days 1-4 \$0, days 5-90	\$175/day, days 1-5 \$0, days 6-90	\$370/day, days 1-5 \$0, days 6-90	\$370/day, days 1-5 \$0, days 6-90	\$1871 per stay + deductible*	45% per stay	\$250/stay;\$120/day, days 1-10 \$0, days 11-130	\$250/stay;\$120/day, days 1-10 \$0, days 11-130
Skilled Nursing Care ( no hospital stay required )								
Days 1-20	\$0	\$0	\$0	\$0	\$0 + deductble*	45% per stay	\$0	\$0
Days 21-100	\$184/day, days 21-53 \$0, days 54-100	\$184/day, days 21-42 \$0, days 43-100	\$100/day	\$184/day	\$184/day	45% per stay	\$50/day	\$100/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	45%	\$0	\$0
Outpatient Care: care should be medically necessary								
Primary / Specialist per visit	\$0 / \$15	\$0 / \$0	\$0 / \$0	\$0 / \$10	\$0 / \$40	45% / 45%	\$35 / \$35	\$0 / \$0
Chiropractic - Medicare covered	\$15	\$0	\$0	\$0	\$20	45%	\$0	\$0
Podiatry - Medicare Covered	\$15	\$0	\$0	\$10	\$40	45%	\$35	\$5
Mental Health indiv/group per visit	\$25 / \$15	\$25 / \$15	\$10 / \$10	\$25 / \$25	\$40 / \$40	45%	\$35 / \$35	\$0-40
Ambulatory Surgical Center	\$325	\$0-\$125	\$0	\$0	\$295 + deductible*	45%	\$0	\$100
Outpatient Hospital / Surgery	\$0-\$325	\$0-\$125	\$75	\$50	\$40-\$295 + deductible*	45%	\$100	\$200
Opiod Treatment Program	\$0	\$0	\$10	\$25	\$40	45%	50%	20%
Ambulance (\$ if admitted)	\$250	\$250	\$125	\$275	\$285	\$285	\$115	\$175
Emergency Care <sup>1</sup> per visit	\$90, \$0 WW	\$90, \$0 WW	\$90, WW	\$90, WW	\$90, WW	\$90, WW	\$120, \$0 WW \$25K	\$85, \$0 WW \$25K
Urgently Needed Care	\$0, WW	\$40, \$0 WW	\$0-\$90WW	\$0-\$90WW	\$40, \$90 WW	\$40, \$90 WW	\$0-65 WW \$25K	\$0-10 WW \$25K
Rehab (therapy) per visit	\$15	\$0	\$0	\$10	\$30	45%	\$35	\$0
Durable Medical Equipment	20%	20%	20%	20%	20%	45%	0-20% per item	20% per item
Diabetes Monitors and Supplies	\$0	\$0	0%-20%	0%-20%	0%-20%	0%-20%	\$0	\$0
Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0	\$0	45%	\$0	\$0
Lab Services / Outpatient x-rays	\$0 / \$15	\$0 / \$15	\$0	\$0	\$0	45%	\$0 / \$0	\$0 / \$0
Diagnostic Radiology Services	\$0-\$105	\$0-\$105	\$0	\$0-\$100	\$250	45%	\$0	\$0
Therapeutic Radiology	\$60	\$60	\$60	\$60	20% + deductible *	45%	20%	20%
Renal Dialysis	20%	20%	20%	20%	20% + deductible *	50%	\$30	\$30
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$40	45%	\$0	\$0
Eye Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0-\$40	45%	\$0	\$0
Acupuncture chronic low back pain	\$15	\$0	\$0	\$0	\$40	45%	\$0	\$0
Extras and Routine Services								
Annual physical (not the Wellness Visit)	\$0	\$0	\$0	\$0	\$0	45%	\$0	\$0
Acupuncture - Routine per visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$0, 12 visits comb'd w/ Chiro	\$0, 19 visits
Chiropractic - Routine per visit	Not covered	Not covered	\$0	\$0	Not covered	Not covered	\$0, 12 visits comb'd w/ Acup	Not covered
Dental preventive / comprehensive	Not covered	Not covered	Covered up to \$775/yr	Covered up to \$2000/yr	Covered up to \$1000/yr	Covered up to \$1000/yr	Included	Included
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	45%	\$0	\$0
Eyewear credit once every two yrs	\$0 copay, \$100	\$0 copay, \$100	Covered up to \$200/yr	Covered up to \$250/yr	Covered up to \$275/yr	Covered up to \$275/yr	\$200 coverage limit/yr	\$75 coverage limit/yr
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	45%	\$0	\$0
Hearing Aid fitting copay or credit	\$375-\$2,075 copay per aid	\$375-\$2,075 copay per aid	\$0, \$1,250 credit per aid	\$0, \$2500 credit per aid	\$1250 per ear per yr	45%, no credit	\$0	\$0
Podiatry - Routine per visit	\$15, 6/yr	\$0, 6/yr	\$0	\$10	Not covered	Not covered	\$35	\$5
Health Club	Not covered	Renew Active	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers	\$0	\$0
Over-the-Counter Item allowance	Not covered	\$40 qtr	\$75 qtr	\$105	Not covered	Not covered	\$100/mo	\$20/mo
Transportation	Not covered	\$0, 24 one-way trips/yr	\$0, 12 one-way trips/yr	\$0, 12 one-way trips/yr	Not covered	Not covered	Not covered	\$0, 8 one-way trips/yr
Optional Benefit Package for a Premium	Dental \$45/mo	Dental \$45/mo	None available	None available	None available	None available	\$22.72/mo comprehensive dental	\$22.72/mo comprehensive dental

Acronyms:  
AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
IHH: Imperial Health Holdings

NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network

PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose  
PAMF: Palo Alto Medical Foundation

SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health & Hospital System

<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)

Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

FOUR DRUG COVERAGE PERIODS	AARP Medicare Advantage SecureHorizons	AARP Medicare Advantage SecureHorizons Focus	Aetna Medicare Plus Plan	Aetna Medicare Eagle Plan (No Part D Drug Coverage)	Aetna Medicare Elite Plan (PPO) In Network	Aetna Medicare Elite Plan (PPO) Out of Network	Alignment AVA	Alignment Harmony
1. Annual Drug Deductible	\$355 except Tier 1,2	\$150 except Tier 1,2	\$0	No Part D drug coverage	\$0	\$0	\$0	\$0
2. Initial Coverage Period (your costs after the Annual Drug Deductible)								
1-Month retail pharmacy								
Tier 1: Preferred Generic	\$3	\$3	\$0		\$0	\$15	\$0	\$0
Tier 2: Non-Preferred Generic	\$12	\$12	\$0		\$0	\$20	\$3	\$3
Tier 3: Preferred Brand	\$47	\$47	\$42		\$47	\$47	\$40	\$40
Tier 4: Non-Preferred Brand	\$100	\$100	\$99	No Part D Drug Coverage	\$100	\$100	\$93	\$93
Tier 5: Specialty Tier	26%	30%	33%		33%	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines	Not offered	Not offered	Not offered		Not offered	Not offered	\$3.00	\$3.00
Preferred or Standard Retail Price	Standard	Standard	Preferred		Preferred	Standard	Preferred	Preferred
3-Month retail pharmacy								
2-3 times the 30 day co-pay except for percentage items	X 3	X 3	X 3		X 3	X 3	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered
3-Month mail order								
Tier 1: Preferred Generic	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$12	\$12	\$0		\$0	\$0	\$9	\$9
Tier 3: Preferred Brand	\$131	\$131	\$126		\$141	\$141	\$120	\$120
Tier 4: Non-Preferred Brand	\$290	\$290	\$297	No Part D Drug Coverage	\$300	\$300	\$279	\$279
Tier 5: Specialty Tier	Not offered	30%	Not offered		Not offered	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines	Not offered	Not offered	Not offered		Not offered	Not offered	\$0	\$0
Preferred or Standard Mail Order Price	Preferred	Preferred	Preferred		Preferred	Preferred	Preferred	Preferred
3. Coverage Gap (your costs after the Initial Coverage Period)								
As you fill prescriptions, and the full retail price of your drugs reaches \$4,130, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$6,550. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/ coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$6,550 you enter Catastrophic Coverage and pay the greater of 5% or \$3.60/\$8.95 for generic/brand drugs.								
1-Month retail pharmacy								
Generic Tier 1 / Tier 2	25%	25%	\$0		\$0	\$15/\$20	25%	25%
Brand Tier 3 / Tier 4	25%	25%	25%	No Part D Drug Coverage	25%	25%	25%	25%
4. Catastrophic Coverage (your costs after the Coverage Gap)								
Generic	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%		\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%
Others	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	No Part D Drug Coverage	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	\$35 for 30 day supply	\$35 for 30 day supply	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressives	20%	20%	20%	20%	45%	45%	20%	20%
Contact Information								
Members	(844) 808-4553		(888) 268-9800		(800) 282-5366		1-866-634-2247	
Non-Members	(800) 555-5757		(855) 275-6627		(855) 275-6627		1-888-979-2247	
Website	aarpmedicareplans.com		aetnamedicare.com		aetnamedicare.com		alignmenthealthplan.com	

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from medicare.gov and plan pages linked from medicare.gov



Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2021

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Benefits and Services (Both Part A & B required)	Alignment Health Plan My Choice	Alignment Health Plan Sutter Advantage	Anthem MediBlue Coordination Plus	Anthem MediBlue Plus	Anthem MediBlue StartSmart Plus	Anthem MediBlue Value Plus	Blue Shield AdvantageOptimum Plan	Blue Shield Inspire
Plan ID	H3815-007	H3815-020	H0544-110	H0544-108	H0544-121	H0544-120	H5928-016	H0504-046
Five-star Rating	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	Nor Cal Adv, NCPN, PMGSJ, SCCIPA	Sutter/PAMF	CareMore, Seoul	CareMore	CareMore	CareMore	PMGSJ, SCCIPA	PMGSJ, SCCIPA
Premium (monthly)	\$0	\$49	\$0	\$0	\$0	\$54	\$48	\$0
Out-of-Pocket Maximum	\$3,000	\$4,900	\$7,550	\$3,450	\$3,400	\$3,000	\$3,400	\$3,400
Inpatient Care								
Inpatient Hospital Care	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10	\$225/day, days 1-5 \$0 after day 5	\$0/day, days 1-60 \$352 day 61-90	\$100/days 1-5 \$0 day 6-90	\$200/day, days 1-5 \$0, days 6-90	\$150/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90
Inpatient Mental Health (190 days lifetime max)	\$250/stay \$120/day, days 1-10 \$0, days 11-130	\$250/stay \$120/day, days 1-10 \$0, days 11-130	\$1403 deductible \$0, days 1-60 \$352/day, days 61-90	\$120 days 1-5 \$0 days 6-90	\$200/day, days 1-5 \$0 days 6-90	\$150/day, days 1-5 \$0 days 6-90	\$100/day, days 1-8 \$0, days 9-90	\$900 per stay
Skilled Nursing Care ( no hospital stay required )								
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$100/day	\$160/day days 21-57 \$0, days 58-100	\$176/day	\$100/day	\$125/day	\$100/day	\$50/day	\$100/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care: care should be medically necessary								
Primary / Specialist per visit	\$0 / \$0	\$5 / \$20	20% / 20%	\$0 / \$0	\$0 / \$0 or \$35	\$0 / \$0 or \$20	\$0 / \$5	0 / \$0-\$5
Chiropractic - Medicare covered	\$0	\$0	20%	\$20	\$20	\$20	\$5	\$5
Podiatry - Medicare Covered	\$5	\$0	20%	\$0	\$0-\$35	\$0-20	\$5	\$5
Mental Health indiv/group per visit	\$0-40	\$0-40	20%	\$25	\$0-\$35	\$0 or \$20	\$25	\$30
Ambulatory Surgical Center	\$100	\$0	20%	\$100	\$50	\$50	\$50	\$50
Outpatient Hospital / Surgery	\$200	\$325	20%	\$200	\$135	\$125	\$150	\$200
Opiod Treatment Program	20%	20%	20%	\$25	\$35	\$35	\$0	\$0
Ambulance (\$ if admitted)	\$175	\$250	20%	\$175	\$195	\$195	\$150 (\$0)	150 (\$0)
Emergency Care <sup>1</sup> per visit	\$85, \$0 WW \$7.5K	\$90, \$0 WW \$7.5K	\$90, \$0 WW \$100K	\$90, WW \$100K	\$120, WW \$100K	\$120, WW \$100K	\$85, WW \$25K	\$85
Urgently Needed Care	\$0-10, WW \$7.5K	\$0-10, WW \$7.5K	\$65, \$0 WW \$100K	\$10, \$90 WW \$100K	\$20, \$120 WW \$100K	\$20, \$120 WW \$100K	\$15-\$25, WW \$25K	\$15
Rehab (therapy) per visit	\$0	\$0	20%	\$0	\$0-\$20	\$0-\$20	\$10	\$10
Durable Medical Equipment	20%	0-20% per item	20%	20%	\$0 or 20%	\$0 or 20%	0-20%	20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	\$0	0-20%	0-20%	\$0	0-20%
Diagnostic Tests and Procedures	\$0	\$0	20%	\$0	\$0	\$0	\$0	\$0
Lab Services / Outpatient x-rays	\$0 / \$0	\$0 / \$15	20%	\$0	\$ 0 / \$5	\$0	\$0	\$0
Diagnostic Radiology Services	\$0	\$150	20%	\$0	\$150	\$150	\$25	\$50
Therapeutic Radiology	\$0	\$0	20%	20%	20%	20%	20%	20%
Renal Dialysis	\$30	20%	20%	20%	20%	\$0	\$25	10%-20%
Hearing Exam - Medicare Covered	\$0	\$0	20%	\$0	\$0	\$0	\$10	\$0-\$5
Eye Exam - Medicare Covered	\$0	\$0	20%	\$0	\$0-\$35	\$0-\$20	\$0	\$10
Acupuncture chronic low back pain	\$0	\$0	20%	\$0	\$20, 12 visits in 90 days	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days
Extras and Routine Services								
Annual physical (not the Wellness Visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acupuncture - Routine per visit	\$0, 40 visits	Not covered	\$0, unlimited	\$0, 24 visits	Not covered	Not covered	\$5, 15 visits	\$0, 12 visits
Chiropractic - Routine per visit	Not covered	Not covered	20%	\$20, med approved	\$20, 12 visits	Not covered	\$10, 15 visits	\$0, 12 visits
Dental preventive / comprehensive	Included	\$0 / \$20-\$425	\$0 / not covered	\$0 / not covered	Not covered	Not covered	\$0-\$5 / Varies	Not covered
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
Eyewear credit once every two yrs	\$75 coverage limit/yr	\$150 coverage limit/2 yrs	\$0 copay; \$300/yr	\$0 copay; \$100/yr	\$0 copay, \$200/ yr	\$0 copay, \$200/ yr	\$250/yr limit	\$20 copay
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$0-\$5
Hearing Aid fitting copay or credit	\$0	\$0	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$350 credit	Not covered
Podiatry - Routine per visit	\$5	Not covered	\$0	\$0	Not covered	\$0-\$20, 6 visits/yr	\$5	Not covered
Health Club	\$0	\$0	SilverSneakers	SilverSneakers	SilverSneakers	Silver Sneakers	SilverSneakers	SilverSneakers
Over-the-Counter Item allowance	\$20/mo	\$15/mo	\$175/quarter	\$30/quarter	\$125/quarter	\$125/quarter	\$35/quarter	\$90/quarter
Transportation	\$0, 8 one-way trips/yr	Not covered	\$0, 48 one-way trips/yr	\$0, 8 one-way trips/yr	\$0, 4 one-way trips/yr unlimited w/ approval	\$0, unlimited w/ approval	\$0, 12 one-way trips/yr	Not covered
Optional Benefit Package for a Premium	\$22.72/mo comprehensive dental	\$22.72/mo comprehensive dental	None available	Dental \$13/mo Dental/Vision \$32/ mo	Dental \$13/mo Dental/Vision \$32/ mo	Dental \$13/mo Dental/Vision \$32/ mo	None available	Dental \$11.60 (HMO) or \$40.50 (PPO)

**Acronyms:**  
AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
IHH: Imperial Health Holdings  
NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network  
PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose  
PAMF: Palo Alto Medical Foundation  
SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health & Hospital System

<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; XXXX: denotes coverage limit/yr (usually a combined amount)

Medicare Advantage Prescription Drug Benefits

Provided to you by

Sourcewise

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Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

FOUR DRUG COVERAGE PERIODS	Alignment Health Plan My Choice	Alignment Health Plan Sutter Advantage	Anthem MediBlue Coordination Plus	Anthem MediBlue Plus	Anthem MediBlue StartSmart Plus	Anthem MediBlue Value Plus	Blue Shield AdvantageOptimum Plan	Blue Shield Inspire
1. Annual Drug Deductible	\$0	\$0	\$445	\$0	\$0	\$0	\$0	\$0
2. Initial Coverage Period (your costs after the Annual Drug Deductible)								
1-Month retail pharmacy								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$5	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$3	\$5	\$15.00	\$5	\$12.5	\$9.5	\$5	\$10
Tier 3: Preferred Brand	\$40	\$40	\$47	\$42	\$40	\$40	\$40	\$40
Tier 4: Non-Preferred Brand	\$100	\$100	\$95	\$95	\$90	\$85	\$95	\$95
Tier 5: Specialty Tier	33%	33%	25%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines	\$5	\$5	\$0	\$0	\$10	\$0	Not offered	Not offered
Preferred or Standard Retail Price	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
3-Month retail pharmacy								
2-3 times the 30 day co-pay except for percentage items	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 2.5	x 2.5
3-Month mail order								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$5	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$9	\$15	\$15.00	\$5	\$12.5	\$9.5	\$12.50	\$15.00
Tier 3: Preferred Brand	\$120	\$120	\$47	\$42	\$40	\$40	\$100	\$100
Tier 4: Non-Preferred Brand	\$300	\$300	\$95	\$95	\$90	\$85	\$237.50	\$237.50
Tier 5: Specialty Tier	Not offered	Not offered	25%	33%	33%	33%	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$10	\$0	Not offered	Not offered
Preferred or Standard Mail Order Price	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard
3. Coverage Gap (your costs after the Initial Coverage Period)								
1-Month retail pharmacy								
Generic Tier 1 / Tier 2	25%	25%	\$0-25%	\$0-25%	\$5-25%	\$0-\$5 / \$9.5-\$14.5	\$0 / \$5	\$0/25%
Brand Tier 3 / Tier 4	25%	25%	25%	25%	\$40-25%	25%	25%	25%
4. Catastrophic Coverage (your costs after the Coverage Gap)								
Generic	\$3.70 or 5%	\$3.70 or 5%	\$0 / \$3.70 or 5%	\$0 / \$3.70 or 5%	\$0 / \$3.70 or 5%	\$0 / \$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%
Others	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressives	20%	20%	20%	20%	20%	20%	20%	20%
Contact Information								
Members	1-866-634-2247			(800) 499-2793			(800) 776-4466	
Non-Members	1-888-979-2247			(844) 309-6996			(888) 534-4263	
Website	alignmenthealthplan.com			shop.anthem.com/medicare/ca			blueshieldca.com/medicare	

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Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2021

Provided to you by

Sourcewise

www.mysourcewise.com

Benefits and Services (Both Part A & B required)	Brand New Day Classic Care II Plan	Health Net Ruby	Imperial Traditional	Kaiser Permanente Senior Advantage Basic Santa Clara	Kaiser Permanente Senior Advantage Enhanced Santa Clara	SCAN Classic	SCAN Options	Stanford Health Care Advantage - Gold	Stanford Health Care Advantage - Platinum
Plan ID	H0838-037	H0562-120	H5496-007	H0524-062	H0524-039	H5425-020	H5425-073	H2986-002	H2986-001
Five-star Rating	★★★★	★★★★	Too new to be measured	★★★★★	★★★★★	★★★★★	★★★★★	★★★★	★★★★
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	PMGSJ, SCCIPA, Seoul MG	AMG, PMGSJ	Cal IPA, IHH, Nivano, NCPG, Physicians IPA, Premier Care of NoCA, Seoul MG	The Permanente Medical Group, Inc.		CareMore		Affinity Medical Group, Stanford Health Care & Faculty, Sutter/PAMF, University Health Care Alliance	
Premium (monthly)	\$0	\$0	\$0	\$15	\$75	\$54	\$0	\$69	\$99
Out-of-Pocket Maximum	\$999	\$3,450	\$2,999	\$6,700	\$4,900	\$3,000	\$3,400	\$6,500	\$5,250
Inpatient Care									
Inpatient Hospital Care	\$100/day, days 1-6 \$0, days 7-90	\$190/day, days 1-7 \$0 after day 7 unlimited number of days	\$100/day, days 1-5 \$0, days 6-90	\$310/day, days 1-7 \$0, days 8-90	\$240/day, days 1-7 \$0/day 8-90	\$125/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90	\$275/day, days 1-7 \$0 after day 7	\$275/day, days 1-7 \$0 after day 7
Inpatient Mental Health (190 days lifetime max)	\$0/day, days 1-60 \$329/day, days 61-90 \$658/day, 60 reserve days	\$900 per stay, days 1-90	\$200/day, days 1-7 \$0, days 8-90 \$670/day, 60 reserve days	\$265/day, days 1-7 \$0 up to 190 days	\$265/day, days 1-7 \$0 up to 190 days	\$125/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90	\$270/day, days 1-6 \$0, days 7-90	\$270/day, days 1-6 \$0, days 7-90
Skilled Nursing Care ( no hospital stay required )									
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$176/day	\$125/day	\$164.50/day	\$100/day	\$100/day	\$100/day	\$125/day	\$150/day	\$100/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care: care should be medically necessary									
Primary / Specialist per visit	\$0 / \$10	\$0 / \$10	\$0 / \$0	\$20 / \$30	\$10 / \$20	\$0 / \$20	\$0 / \$0-\$35	\$10 / \$30	\$10 / \$20
Chiropractic - Medicare covered	\$0	\$10	\$0	\$20	\$10	\$20	\$20	\$20	\$20
Podiatry - Medicare Covered	\$0	\$10	\$0	\$20-\$30	\$10-\$20	\$20	\$0-\$35	\$30	\$20
Mental Health indiv/group per visit	\$10/20%	\$10 / \$10	\$0-20%	\$20 / \$10	\$10 / \$5	\$20	\$0-\$35	\$30 / \$20	\$10/\$20
Ambulatory Surgical Center	\$75	\$100	\$0	\$300	\$200	\$50	\$35-\$50	20%	\$240
Outpatient Hospital / Surgery	\$75	\$150	\$0	\$300	\$200	\$125	\$35-\$135	20%	\$240
Opiod Treatment Program	\$0	\$10	\$0	\$0	\$0	\$30	\$35	\$30	\$20
Ambulance (\$ if admitted)	\$75	\$195	\$125, 20% by air	\$200	\$200	\$195	\$195	\$210	\$200
Emergency Care <sup>1</sup> per visit	\$100, \$0 WW \$25K	\$120, \$0 WW 50K	\$90, \$0 WW \$50K	\$90, WW	\$90, WW	\$90, WW	\$100, WW	\$80	\$80, WW \$50K
Urgently Needed Care	\$0 WW \$25K	\$10, \$0 WW 50K	\$0 WW \$50K	\$20, WW	\$10, WW	\$20, WW	\$20, WW	\$35	\$35, WW \$50K
Rehab (therapy) per visit	\$10	\$25	\$0-\$10, PT/SLP-20%	\$15-\$30	\$12-\$25	\$20	\$0-\$20	\$30	\$20
Durable Medical Equipment	\$0-20%	20%	20%	0-20%	0-20%	0-20%	0-20%	20%	20%
Diabetes Monitors and Supplies	\$0	0-20%	\$0	\$0	\$0	\$0	20%	\$0	\$0
Diagnostic Tests and Procedures	\$0	\$0	\$0	\$20	\$10	\$0	\$0	\$0-\$45	\$0-\$25
Lab Services / Outpatient x-rays	\$0	\$0 / \$0	\$0	\$0-20 / \$30	\$0-10 / \$20	\$0 / \$0	\$0 / \$5	\$10 / \$45	\$10 / \$25
Diagnostic Radiology Services	\$25	\$60	\$0	\$30-\$195	\$20-\$195	\$120	\$0-\$150	\$0-\$210	\$0-\$210
Therapeutic Radiology	\$0	\$60	\$0	\$0	\$0	20%	\$0	20%	\$0-20%
Renal Dialysis	20%	20%	\$0	0%-20%	0%-20%	20%	20%	20%	20%
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$30	\$20	\$0	\$0	\$0	\$0
Eye Exam - Medicare Covered	\$0	\$0	\$0	\$20	\$10	\$20	\$0	\$10-30	\$10-20
Acupuncture chronic low back pain	\$0, 12 visits in 90 days	\$10	20%	\$20	\$10	\$20	\$35	\$30	\$20
Extras and Routine Services									
Annual physical (not the Wellness Visit)	Not covered	\$0	Not covered	\$0	\$0	\$0	\$0	\$0	\$0
Acupuncture - Routine per visit	\$0 30 visits comb'd w/ Chiro	\$10 30 visits comb'd w/ Chiro	Not covered	\$20	\$10	Not covered	\$0, 30 visits	Not covered	\$10, 15 visits
Chiropractic - Routine per visit	\$0 30 visits comb'd w/ Acup	\$10 30 visits comb'd w/ Acup	Not covered	Not covered	Not covered	\$15, 10 visits	\$0	Not covered	Not covered
Dental preventive / comprehensive	\$0-\$50 / varies	\$0 / \$0-\$2250 copay	Liberty Dent \$0, \$500 max	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Eye Exam - Routine once/yr	\$0	\$0	\$15	\$20	\$10	\$0	\$0	Not covered	Not covered
Eyewear credit once every two yrs	\$175	\$100/yr	\$10, \$175 max	\$30-\$45	\$30-\$45	\$0 or \$105	\$30	Not covered	Not covered
Hearing Exams - Routine once/yr	\$0	\$0	20%	\$30	\$20	\$0	\$0	Not covered	Not covered
Hearing Aid fitting copay or credit	\$699-\$999 copay	\$0-\$1,580 copay	20%, \$1,000 credit/yr	Not covered	Not covered	\$450-\$750 copay	\$450-\$750 copay	Not covered	Not covered
Podiatry - Routine per visit	Not covered	\$10	\$0, 6 visits/yr	Not covered	Not covered	\$0, 6 visits/yr	\$0-\$35	Not covered	Not covered
Health Club	\$0/Silver Sneakers	\$0	Silver Sneakers	Not covered	Not covered	Participating clubs	Participating clubs	Not covered	\$0 - Silver&Fit
Over-the-Counter Item allowance	\$100/6mos	\$30/quarter (limits apply)	\$75/qtr	Not covered	Not covered	Not covered	\$50/qtr	Not covered	Not covered
Transportation	\$0, unlimited w/ approval	Not covered	\$0, unlimited w/ approval	Not covered	Not covered	Not covered	\$0, 24 one-way trips/yr	\$0, 24 one-way trips/yr	\$0, 24 one-way trips/yr
Optional Benefit Package for a Premium	None available	None available	None available	\$16/mo comp dental, vision, hearing	\$16/mo comp dental, vision, hearing	Dental \$6 or \$16/mo	Dental \$6 or \$16/mo	Dental/Vision \$20/mo	Dental/Vision \$20/mo
Acronyms:									
AMG: Affinity Medical Group CAL IPA: CA Independent Physicians Assoc. IHH: Imperial Health Holdings	NCA: Northern CA Advantage Medical Group NCPN: Northern CA Physicians Network		PCONC: Premier Care of Northern California PMGSJ: Physicians Medical Group of San Jose PAMF: Palo Alto Medical Foundation		SCCIPA: Santa Clara County Individual Practice Association SCVHHS: Santa Clara Valley Health & Hospital System		<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)		

Medicare Advantage Prescription Drug Benefits						Sourcewise			
Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.									
FOUR DRUG COVERAGE PERIODS	Brand New Day Classic Care II Plan	Health Net Ruby	Imperial Traditional	Kaiser Permanente Senior Advantage Basic	Kaiser Permanente Senior Advantage Enhanced	SCAN Classic	SCAN Options	Stanford Health Care Advantage - Gold	Stanford Health Care Advantage - Platinum
1. Annual Drug Deductible	\$50 except Tier 1, 6	\$0	\$0	\$0	\$0	\$0	\$0	\$250, except Tier 1, 2, 6	\$0
2. Initial Coverage Period (your costs after the Annual Drug Deductible)									
1-Month retail pharmacy									
Tier 1: Preferred Generic	\$0	\$5	\$0	\$6	\$3	\$3	\$5	\$5	\$5
Tier 2: Non-Preferred Generic	\$12	\$8	\$5	\$18	\$12	\$5.00	\$12.50	\$15	\$15
Tier 3: Preferred Brand	\$47	\$42	\$45	\$47	\$47	\$42	\$40	\$47	\$47
Tier 4: Non-Preferred Brand	\$100	\$95	\$90	\$100	\$100	\$95	\$90	\$100	\$100
Tier 5: Specialty Tier	30%	33%	33%	33%	33%	33%	33%	28%	33%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	Not offered	\$0	\$0	Not offered	Not offered	\$2	\$2
Preferred or Standard Retail Price	Standard	Preferred	Standard	Standard	Standard	Preferred	Preferred	Standard	Standard
3-Month retail pharmacy									
2-3 times the 30 day co-pay except for percentage items	X 2-3	X 3	X 2.4-2.5	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered	X 2 Tier 1,2 X 2.5-2.8 Tier 3,4	X 2 Tier 1,2 X 2.5-2.8 Tier 3,4	X 3	X 3
3-Month mail order									
Tier 1: Preferred Generic	\$0	\$10	\$0	\$0	\$0	\$0	\$0	\$10	\$10
Tier 2: Non-Preferred Generic	\$24	\$16	\$10	\$36	\$24	\$0	\$0	\$30	\$30
Tier 3: Preferred Brand	\$94	\$116	\$90	\$94	\$94	\$106	\$100	\$94	\$94
Tier 4: Non-Preferred Brand	\$300	\$275	\$180	\$200	\$200	\$265	\$250	\$200	\$200
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	33%	33%	Not offered	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	Not offered	Not offered	Not offered	Not offered	Not offered	\$4	\$4
Preferred or Standard Mail Order Price	Standard	Standard	Preferred	Standard	Standard	Preferred	Preferred	Preferred	Preferred
3. Coverage Gap (your costs after the Initial Coverage Period)									
As you fill prescriptions, and the full retail price of your drugs reaches \$4,130, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$6,550. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$6,350 you enter Catastrophic Coverage and pay the greater of 5% or \$3.60/\$8.95 for generic/brand drugs.									
1-Month retail pharmacy									
Generic Tier 1 / Tier 2	\$0 / 25%	25%	0%	\$6 / \$18	\$0 / \$24	25%	25%	\$5 or 25%	\$5 or 25%
Brand Tier 3 / Tier 4	25% (Tier 6 \$0)	25%	25%	25%	25%	25%	25%	25% (Tier 6 \$2 or 25%)	25% (Tier 6 \$2 or 25%)
4. Catastrophic Coverage (your costs after the Coverage Gap)									
Generic	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3	\$3	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%
Others	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$12	\$12	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressives	20%	20%	0%	\$0-47	\$0-47	20%	20%	20%	20%
Contact Information									
Members	(866) 255-4795	(800) 275-4737	(800) 838-8271	(800) 443-0815		(800) 559-3500		(855) 996-8422	
Non-Members	(866) 255-4795	(800) 977-6738	(800) 838-8271	(800) 777-1238		(888) 315-7226		(844) 205-8422	
Website	bndhmo.com	ca.healthnetadvantage.com	imperialhealthplan.com	kp.org/medicare		scanhealthplan.com		stanfordhealthcareadvantage.org	

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Chronic and Institutional Special Needs Plans (SNP)								
Benefits and Services (Both Part A & B required)	Anthem MediBlue Diabetes	Anthem MediBlue Diabetes Care	Anthem MediBlue Lung	Anthem MediBlue Lung Care	Anthem MediBlue Heart	Anthem MediBlue Heart Care	Anthem MediBlue Care On Site	Imperial Senior Value (Chronic Heart/ Diabetes)
Plan ID	H0544-118	H0544-108	H0544-117	H0544-101	H0544-119	H0544-106	H0544-050	H5496-005
Five-star Rating	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	Too new to be measured
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	CareMore							Cal IPA, IHH, Nivano, NCPG, Physicians IPA, Premier Care of NoCA, Seoul MG
Premium (monthly)	\$55	\$0	\$55	\$0	\$55	\$0	\$0	\$0
Out-of-Pocket Maximum	\$3,000	\$3,400	\$3,000	\$3400	\$3,000	\$3,400	\$3,000	\$2,999
Inpatient Care								
Inpatient Hospital Care	\$40/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$0 per stay	\$0 for day 1-90
Inpatient Mental Health (190 days lifetime max)	\$40/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$0 per stay	\$0 for day 1-90
Skilled Nursing Care ( no hospital stay required )								
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$100/day	\$75/day	\$100/day	\$75/day	\$100/day	\$75/day	\$0	\$164.50
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care: care should be medically necessary								
Primary / Specialist per visit	\$0 / \$0 or \$20	\$0 or \$15	\$0 / \$0 or \$20	\$0 / \$15	\$0 or \$20	\$0 or \$15	\$0 / \$0	\$0 / \$0
Chiropractic - Medicare covered	\$20	\$20	\$20	\$20	\$20	\$20	\$0	Not covered
Podiatry - Medicare Covered	\$0 or \$20	\$0/ 6 visit Year	\$0 or \$20	\$0	\$0-\$20 12 visit Year	\$0/6 visit Year	\$0	\$0
Mental Health indiv/group per visit	\$0-15	\$15	\$0-15	\$15	\$20.00	\$15.00	\$0	\$0-20% / \$0-20%
Ambulatory Surgical Center	\$50	\$0	\$50	\$0	\$50	\$0	\$50	\$0
Outpatient Hospital / Surgery	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$0
Opiod Treatment Program	\$30	\$30	\$30	\$30	\$30	\$30	\$0	20%
Ambulance (\$ if admitted)	\$195	\$100	\$195	\$100	\$195	\$100	\$195	\$125
Emergency Care <sup>1</sup> per visit	\$120, WW \$100K	\$90, WW \$100K	\$120, WW \$100K	\$90, WW \$100K	\$120, WW \$100K	\$90, WW \$100K	\$120, WW \$100K	\$0
Urgently Needed Care	\$20, WW \$100K	\$0, WW \$100K	\$120, WW \$100K	\$0, \$90 WW \$100K	\$20, WW \$100K	\$0, WW \$100K	\$0-20 WW \$100K	\$0
Rehab (therapy) per visit	\$0 or \$20	\$0 or \$20	\$0-\$15	\$0-\$20	\$0-\$20	\$0 or \$20	\$0	\$0
Durable Medical Equipment	\$0 or 20%<\$500	\$0 or 20%<\$500	\$0 or 20%	\$0 or 20%<\$500	\$0 or 20%<\$500	\$0 or 20%<\$500	\$0 or 20%	20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Tests and Procedures	\$0	0%	\$0	\$0	0%	0%	0%	\$0
Lab Services / Outpatient x-rays	\$0	0/\$0	\$0/\$0	\$0/\$0	0/\$0	0/\$0	\$0	\$0
Diagnostic Radiology Services	\$150	\$100	\$150	\$100	\$150	\$0	\$150	\$0
Therapeutic Radiology	20%	20%	20%	20%	20%	20%	20%	20%
Renal Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	0%	20%
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Eye Exam - Medicare Covered	\$0 or \$20	\$0 or \$15	\$0 or \$20	\$15.00	\$0 or \$20	\$0 or \$15	\$0	\$0
Acupuncture chronic low back pain	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days	\$20, 12 visits in 90 days	\$20, 12 visits in 90 days	\$20, 12 visits in 90 days	20%
Extras and Routine Services								
Annual physical (not the Wellness Visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Not covered
Acupuncture - Routine per visit	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits	Not covered	Not covered
Chiropractic - Routine per visit	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits	Not covered	Not covered
Dental preventive / comprehensive	\$0-\$35	\$15	\$0-\$35 / \$250	\$15	\$0-\$35/\$250	\$15	\$0-\$35	\$0, \$500/yr / \$0, \$500/qtr
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15
Eyewear credit once every two yrs	\$200/yr	\$175/yr	\$200	\$175	\$200/yr	\$175/yr	\$300/yr	\$175/2 yrs
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Hearing Aid fitting copay or credit	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	\$0, \$3k/yr	20% up to \$1000/yr
Podiatry - Routine per visit	\$0 or \$20, 12 visits	\$0, 6 visits	\$0 or \$20, 9 visits	\$0, 6 visits	\$0 or \$20, 12 visits	\$0, 6 visits	\$0	\$0, 6 visits
Health Club	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	\$0, Silver&Fit
Over-the-Counter Item allowance	\$125/qtr	\$50/qtr	\$125/qtr	\$50/qtr	\$125/qtr	\$50/qtr	\$125 /qtr	\$75/qtr (mail order)
Transportation	\$0, w/ rules & limits	\$0, 30 trips, 60miles	\$0, w/ rules & limits	\$0, w/ rules & limits	\$0, 6 trips, 60 miles	\$0, 30 trips, 60 miles	Not covered	\$0 unlimited w/approval
Optional Benefit Package for a Premium	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	Dental \$13 Dental/vision \$33/mo	None available
Acronyms:								
AMG: Affinity Medical Group CAL IPA: CA Independent Physicians Assoc. IHH: Imperial Health Holdings		NCA: Northern CA Advantage Medical Group NCPN: Northern CA Physicians Network		PAMF: Palo Alto Medical Foundation PCONC: Premier Care of Northern California PMGSJ: Physicians Medical Group of San Jose		SCCIPA: Santa Clara County Individual Practice Association SCVHHS: Santa Clara Valley Health & Hospital System		<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)



Medicare Advantage Prescription Drug Benefits		Sourcewise						
		www.mysourcewise.com						
Chronic and Institutional Special Needs Plans (SNP)								
FOUR DRUG COVERAGE PERIODS	Anthem MediBlue Diabetes	Anthem MediBlue Diabetes Care	Anthem MediBlue Lung	Anthem MediBlue Lung Care	Anthem MediBlue Heart	Anthem MediBlue Heart Care	Anthem MediBlue Care On Site	Imperial Senior Value (Chronic Heart/ Diabetes)
1. Annual Drug Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Initial Coverage Period (your costs after the Annual Drug Deductible)								
1-Month retail pharmacy								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50	\$5
Tier 3: Preferred Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$45
Tier 4: Non-Preferred Brand	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$90
Tier 5: Specialty Tier	33%	33%	33%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3
Preferred or Standard Retail Price	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard
3-Month retail pharmacy								
2-3 times the 30 day co-pay except for percentage items	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 2	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 33%	X 2
3-Month mail order								
Tier 1: Preferred Generic	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$22.50	\$22.50	\$22.50	\$15	\$22.50	\$22.50	\$15	\$10
Tier 3: Preferred Brand	\$120	\$120	\$120	\$80	\$120	\$120	\$80	\$90
Tier 4: Non-Preferred Brand	\$255	\$255	\$255	\$170	\$255	\$255	\$170	\$180
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred or Standard Mail Order Price	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard
3. Coverage Gap (your costs after the Initial Coverage Period)								
As you fill prescriptions, and the full retail price of your drugs reaches \$4,020, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$6,350. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$6,350 you enter Catastrophic Coverage and pay the greater of 5% or \$3.60/\$8.95 for generic/brand drugs.								
1-Month retail pharmacy								
Generic Tier 1 / Tier 2	\$0-5 / \$7.50-12.50	\$0 / \$7.50	\$0-\$5 or 25% / \$7.50, 12.50 or 25%	\$0 -\$5 or 25% / \$7.50, 12.50 or 25%	\$0 / \$7.50	\$0 / \$7.50	\$0 / \$7.50	\$0
Brand Tier 3 / Tier 4	25%	25%	25%	25% (Tier 3, 4, 5, 6)	25%	25%	25% (Tier 6 \$0)	25%
4. Catastrophic Coverage (your costs after the Coverage Gap)								
Generic	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	\$3.70 or 5%
Others	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	Tier 2-5 \$3.70, \$9.20, or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	\$35
Part B Covered Medications e.g. chemo and immunosuppressive drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%, \$0 for plan-covered DME adminstered drugs	20%
Contact Information								
Members	(800) 499-2793							(800) 838-8271
Non-Members	(844) 309-6996							(800) 838-5914
Website	www.anthem.com/ca							imperialhealthplan.com

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from medicare.gov and plan pages linked from medicare.gov

Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.

Chronic and Institutional Special Needs Plans (SNP)								
Benefits and Services (Both Part A & B required)	Brand New Day Bridges Care Plan (Dementia) H0938-028 ★★★★	Brand New Day Bridges Choice Plan (Mental Health) H0938-029 ★★★★	Brand New Day Embrace Care Plan (Chronic Heart/Diabetes) H0938-039 ★★★★	Brand New Day Embrace Choice Plan (Chronic Heart/Diabetes) H0938-40 ★★★★	Brand New Day Harmony Care Plan (Mental Health) H0938-032 ★★★★	Brand New Day Harmony Choice Plan (Mental Health) H0938-20 ★★★★	Brand New Day Select Care II Plan (Institutional) H0938-043 ★★★★	Brand New Day Select Choice II Plan (Institutional) H0938-045 ★★★★
Plan ID								
Five-star Rating								
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	Physicians Medical Group of San Jose, SCCIPA, Seoul Medical Group,							
Premium (monthly)	\$0	\$31.50	\$0	\$31.50	\$0	\$31.50	\$0	\$31.50
Out-of-Pocket Maximum	\$999	\$7,550	\$999	\$7,550	\$3,450	\$7,550	\$7,550	\$7,550
Inpatient Care								
Inpatient Hospital Care	\$0 days 1-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$100/day, days 1-6 \$0 days 7-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$250/day,days 1-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$100/day, days 1-6 \$0 days 7-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90
Inpatient Mental Health (190 days lifetime max)	\$0 days 1-60 \$329/day, days 61-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$0 days 1-60 \$329/day, days 61-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$0 days 1-60 \$329/day, days 61-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90	\$0 days 1-60 \$329/day, days 61-90	\$1408 deductible \$0, days 1-60 \$352/day, days 61-90
Skilled Nursing Care ( no hospital stay required )								
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$176/day	\$176/day	\$176/day	\$176/day	\$176/day	\$176/day	\$176/day	\$176/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care: care should be medically necessary								
Primary / Specialist per visit	\$0 / \$0	20% / 20%	\$0 / \$10	20% / 20%	\$0 / \$0	20% / 20%	\$0 / \$10	20% / 0-20%
Chiropractic - Medicare covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Podiatry - Medicare Covered	\$0	20%	\$0	20%	\$0	20%	\$0	\$0
Mental Health indiv/group per visit	\$0	\$0 or \$40 /\$0 or \$40	\$10/\$10-20%	20%/\$40	\$0/\$0	\$0 / \$0	\$10 / \$10 or 20%	20% or \$40
Ambulatory Surgical Center	\$0	20%	\$75	20%	\$0	20%	\$75	\$75
Outpatient Hospital / Surgery	\$0	20%	\$75	20%	\$0	20%	\$75-100	20%/20%
Opiod Treatment Program	20%	20%	\$0	20%	\$0	20%	\$0	20%
Ambulance (\$ if admitted)	\$75	20%	\$75	20%	\$75	20%	\$85	20%
Emergency Care <sup>1</sup> per visit	\$100	\$90	\$100	\$90	\$100	\$90	\$90	\$90
Urgently Needed Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rehab (therapy) per visit	\$20	\$40	\$10	\$40	\$40	\$40	\$10	OT \$35, PT/SLP \$40
Durable Medical Equipment	\$0	20%	\$0	20%	\$0	20%	0-20%	20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Tests and Procedures	0%	20%	0%	20%	\$0	20%	\$0	20%
Lab Services / Outpatient x-rays	\$0	\$0 / 20%	\$0	\$0 / 20%	\$0	\$0 / 20%	\$0	\$0 / 20%
Diagnostic Radiology Services	\$0	20%	\$0	20%	\$5	20%	\$0	\$0
Therapeutic Radiology	20%	20%	20%	20%	20%	20%	\$0	\$0
Renal Dialysis	20%	20%	20%	20%	20%	20%	\$0	\$0
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eye Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Acupuncture chronic low back pain	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days
Extras and Routine Services								
Annual physical (not the Wellness Visit)	Not covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Acupuncture - Routine per visit	Not covered	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	Not covered	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro
Chiropractic - Routine per visit	Not covered	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	Not covered	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup
Dental preventive / comprehensive	\$0-\$50/\$0-\$1,110	\$0/\$0	\$0-\$50/\$0-\$1,110	\$0 / \$0	\$0-\$50/\$0-\$1,110	\$0/\$0	\$0-\$50/\$0-\$1,110	\$0 / \$0
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eyewear credit once every two yrs	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	Not covered	Not Covered	\$0	\$0
Hearing Aid fitting copay or credit	\$399 or \$699/2 yrs	\$149/3 yrs	\$399 or \$699/2 yrs	\$149/3 yrs	Not covered	Not Covered	\$699 or \$999/2 yrs	\$149/3 yrs
Podiatry - Routine per visit	Not covered	Not Covered	\$0	20%	Not covered	Not covered	Not covered	Not covered
Health Club	Not Covered	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Not covered	Not covered
Over-the-Counter Item allowance	\$250/6 mos	\$100/3 mos	\$75/6 mos	\$200/3 mos	\$75/6 mos	\$100/3 mos	\$250/6 mos	\$300/3 mos
Transportation	\$0, unlimited w/ approval	\$0, unlimited w/ approval	\$0, unlimited w/ approval	\$0, unlimited w/ approval	\$0, Unlimited w/approval	\$0, Unlimited w/ approval	\$0, unlimited w/approval	\$0, unlimited w/ approval
Optional Benefit Package for a Premium	None available	None available	None available	None available	None available	None available	None available	None available
Acronyms:								
AMG: Affinity Medical Group CAL IPA: CA Independent Physicians Assoc. IHH: Imperial Health Holdings	NCA: Northern CA Advantage Medical Group NCPN: Northern CA Physicians Network	PAMF: Palo Alto Medical Foundation PCONC: Premier Care of Northern California PMGSJ: Physicians Medical Group of San Jose	SCCIPA: Santa Clara County Individual Practice Association SCVHHS: Santa Clara Valley Health & Hospital System			<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)		



Medicare Advantage Prescription Drug Benefits				Sourcewise				
				www.mysourcewise.com				
				Chronic and Institutional Special Needs Plans (SNP)				
FOUR DRUG COVERAGE PERIODS	Brand New Day Bridges Care Plan (Dementia)	Brand New Day Bridges Choice Plan (Mental Health)	Brand New Day Embrace Care Plan (Chronic Heart/Diabetes)	Brand New Day Embrace Choice Plan (Chronic Heart/Diabetes)	Brand New Day Harmony Care Plan (Mental Health)	Brand New Day Harmony Choice Plan (Mental Health)	Brand New Day Select Care II Plan (Institutional)	Brand New Day Select Choice II Plan (Institutional)
1. Annual Drug Deductible	\$0	\$445	\$0	\$445	\$100	\$445	\$445	\$445
2. Initial Coverage Period (your costs after the Annual Drug Deductible)								
1-Month retail pharmacy								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$5	25%	\$9	25%	\$10	25%	\$12	25%
Tier 3: Preferred Brand	\$45	25%	\$47	25%	\$45	25%	\$47	25%
Tier 4: Non-Preferred Brand	\$90	25%	\$90	25%	\$90	25%	\$100	25%
Tier 5: Specialty Tier	33%	25%	33%	25%	30%	25%	33%	25%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred or Standard Retail Price	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
3-Month retail pharmacy								
2-3 times the 30 day co-pay except for percentage items	X 3 Except Tier 5	X 3	X 3	X 3	X 3 Except Tier 5	X 3	X3 Except Tier 5	X 3
3-Month mail order								
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$10	25%	\$18	25%	\$20	25%	\$24	25%
Tier 3: Preferred Brand	\$90	25%	\$94	25%	\$90	25%	\$94	25%
Tier 4: Non-Preferred Brand	\$270	25%	\$270	25%	\$270	25%	\$300	25%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	25%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred or Standard Mail Order Price	Standard	Standard	Standard	Standard	Standard	Standard	Standard	Standard
3. Coverage Gap (your costs after the Initial Coverage Period)								
As you fill prescriptions, and the full retail price of your drugs reaches \$4,020, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$6,350. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$6,350 you enter Catastrophic Coverage and pay the greater of 5% or \$3.60/\$8.95 for generic/brand drugs.								
1-Month retail pharmacy								
Generic Tier 1 / Tier 2	\$0/25%	25%	\$0/25%	25%	\$0/ 25%	25%	25%	25%
Brand Tier 3 / Tier 4	25% (Tier 6 \$0)	25%	25% (Tier 6 \$0)	25%	25% (Tier 6 \$0)	25%	25%	25%
4. Catastrophic Coverage (your costs after the Coverage Gap)								
Generic	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%
Others	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	\$9/\$20 30-day, \$18/\$40 90-day	Not participating	Not participating	Not participating	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressive drugs	20%	20%	20%	20%	20%	20%	20%	20%
Contact Information								
Members	(866) 255-4795							
Non-Members	(866) 255-4795							
Website	bndhmo.com							

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Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.

Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2021						Provided to you by	Sourcewise	www.mysourcewise.com	
		Look-Alike Dual Special Needs Plans		Marketed for Medicare beneficiaries with Medi-Cal. No copays if you have free, no share-of-cost Medi-Cal					
Benefits and Services (Both Part A & B required)		Alignment Health Plan CalPlus	Anthem MediBlue Connect Plus	Blue Shield Coordinated Choice Plan	Brand New Day Classic Choice Plan	Health Net Sapphire	Imperial Traditional Plus	SCAN Plus	UnitedHealthcare Medicare Advantage Assure
Plan ID		H3815-009	H0544-122	H5928-037	H0838-033	H0562-122	H5496-009	H5425-072	H0543-183
Five-star Rating		★★★★	★★★★	★★★★	★★★★	★★★★	Too new to be measured	★★★★	★★★★
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)		IHH, NCPN, PMGSJ, Premier Care IPA, SCCIPA	CAL IPA, PCONC, SCCIPA, VMF	IHH, Northern CA Physicians Network, PMGSJ, PCONC, SCCIPA, Seoul MG	PMGSJ, SCCIPA, Seoul MG	AMG, PMG	Cal IPA, IHH, Nivano, NCPG, Physicians IPA, PCONC, Seoul MG	CareMore Health, SCCIPA, CA IPA, SEOUL, Verity	AMG, PMG, PAMF, SCCIPA, SVMMD
Premium (monthly)		\$20.10	\$23.50	\$31.50	\$31.50	\$28.50	\$31.50	\$31.50	\$26.60
Out-of-Pocket Maximum		\$4,900	\$7,550	\$6,700	\$7,550	\$3,450	\$2,999	\$7,550	\$7,550
Inpatient Care									
Inpatient Hospital Care		Coming soon	Coming soon	Coming soon	Coming soon	\$790/day, 1-3 \$0 after day 3	Coming soon	Coming soon	Coming soon
Inpatient Mental Health (190 days lifetime max)		Coming soon	Coming soon	Coming soon	Coming soon	\$90/day, 1-15 \$0, days 16-90	Coming soon	Coming soon	Coming soon
Skilled Nursing Care ( no hospital stay required )									
Days 1-20		No 2021 data	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100		No 2021 data	\$176	\$176	Coming soon	\$176	\$176	\$176	\$176
Home Health Care		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care: care should be medically necessary									
Primary / Specialist per visit		\$0 / \$0	20% / 0-20%	\$0 / 0-20%	\$0 / \$0-20%	\$0 / \$0	20%	\$0/\$0	\$0-20% / \$0-20%
Chiropractic - Medicare covered		\$0	20%	20%	\$0	\$0	20%	20%	\$0-20%
Podiatry - Medicare Covered		\$0	0 or 20%	20%	20%	\$0	20%	20%	\$0-20%
Mental Health indiv/group per visit		20% / 20%	20%/20%	20%	\$0-\$40/\$0-\$40	20%	20%	\$0/\$0	\$0-20% / \$0-20%
Ambulatory Surgical Center		20%	20%	20%	20%	20%	20%	20%	\$0-20%
Outpatient Hospital / Surgery		20%	20%	20%	20%	20%	20%	20%	\$0-20%
Opiod Treatment Program		20%	20%	\$0	\$0	20%	20%	\$0	\$0-20%
Ambulance (\$ if admitted)		20%	20%	20%	20%	20%	20%	20%	\$0-20%
Emergency Care <sup>1</sup> per visit		\$0	20%-\$90, WW \$100K	20%, WW \$100 \$25K	\$90	\$120 US, WW \$50K	20%, \$0 WW	20% up to \$90	\$90 US, \$0 WW
Urgently Needed Care		\$0	20%-\$65, WW 100K	20%, WW \$100 \$25K	\$0	20% (\$65 max), \$0 WW \$50K	20%, \$0 WW	20%	\$65 US, \$0 WW
Rehab (therapy) per visit		20%	\$0-20%	20%	\$0-\$40	\$0	20%	20%	\$0-20%
Durable Medical Equipment		20%	20%	\$0-20%	20%	20%	20%	20%	\$0-20%
Diabetes Monitors and Supplies		\$0	\$0	\$0	\$0	0-20%	20%	\$0	\$0
Diagnostic Tests and Procedures		\$0	20%	20%	20%	20%	20%	20%	\$0
Lab Services / Outpatient x-rays		20% / \$0	\$0-20%	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0 / 20%	\$0/20%	\$0 / \$0-20%
Diagnostic Radiology Services		\$0	20%	20%	20%	20%	20%	20%	\$0-20%
Therapeutic Radiology		\$0	20%	20%	20%	20%	20%	20%	\$0-20%
Renal Dialysis		20%	20%	20%	20%	20%	20%	20%	\$0-20%
Hearing Exam - Medicare Covered		\$0	20%	20%	\$0	20%	20%	20%	\$0-20%
Eye Exam - Medicare Covered		\$0	20%	\$0	\$0	\$0	20%	20%	\$0-20%
Acupuncture chronic low back pain		\$0	20%	20%	\$0	\$0	20%	\$0	\$0-20%
Extras and Routine Services									
Annual physical (not the Wellness Visit)		\$0	\$0	Not covered	Not covered	\$0	Not covered	\$0	\$0
Acupuncture - Routine per visit		\$0, 12 visits comb'd w/ Chiro	Not covered	\$0, 24 visits	\$0, 30 visits comb'd w/ Chiro	\$0, 30 visits comb'd w/ Chiro	Not covered	\$0, 30 visists	Not covered
Chiropractic - Routine per visit		\$0, 12 visits comb'd w/ Acup	\$0, 20 visits/yr	Not covered	\$0, 30 visits comb'd w/ Acup	\$0, 30 visits comb'd w/ Acup	Not covered	\$0, 30 visits/yr	\$0-20%
Dental preventive / comprehensive		\$0	\$0 co-pay / \$300 allowed	\$0 / Varies	\$0 once/yr / not covered	\$0 (\$1,000 yr max)	\$0, \$500/yr / \$0, \$500/qtr	\$0	Not covered
Eye Exam - Routine once/yr		\$0	\$0	\$0	\$0	\$0	20%	\$0	\$0
Eyewear credit once every two yrs		\$500	\$200	\$0 copay	\$70-\$175/yr	\$550	\$250	\$300	\$100
Hearing Exams - Routine once/yr		\$0	\$0	20%	\$0	\$0	20%	\$0	\$0
Hearing Aid fitting copay or credit		\$2,000 limit both ears/2yr	\$0, \$2k/yr	\$0	\$149 per aid/3yr	\$0-\$1,350 copay	20%, \$1,250/yr	\$450-\$750/Per Aid/12 mos	up to \$2,500/ 2 yrs
Podiatry - Routine per visit		Not covered	\$0, 12 visits/yr	\$0, 1 visit/mo	Not covered	\$0	\$0, 6 visits/yr	\$0, 6 visits/yr	\$0, 4 visits per year
Health Club		\$0	\$0 SilverSneakers	\$0 SilverSneakers	\$0 SilverSneakers	\$0	\$0 Silver&Fit	\$0 (Silver Sneakers)	Renew Active
Over-the-Counter Item allowance		\$100/mo	\$100/qtr	\$130/qtr	\$200/qtr	\$125/qtr (limits apply)	\$75/qtr	\$75/qtr	\$100/qtr (limits apply)
Transportation		Included	\$0, 40 one-way trips/yr	\$0, 48 one-way trips/yr	\$0, unlimited w/ approval	\$0, 30 one-way trips/yr	\$0 unlimited w/ approval	\$0, 48 one-way trips	\$0, 36 one-way trips
Optional Benefit Package for a Premium		None available	None available	None available	None available	None available	None available	None available	None available
Acronyms:									
AMG: Affinity Medical Group CAL IPA: CA Independent Physicians Assoc. IHH: Imperial Health Holdings	NCA: Northern CA Advantage Medical Group NCPN: Northern CA Physicians Network			PAMF: Palo Alto Medical Foundation PCONC: Premier Care of Northern California PMGSJ: Physicians Medical Group of San Jose		SCCIPA: Santa Clara County Individual Practice Association SCVHHS: Santa Clara Valley Health & Hospital System		<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXK: denotes coverage limit/yr (usually a combined amount)	
This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from medicare.gov and plan pages linked from medicare.gov									
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Medicare Advantage Prescription Drug Benefits								
						Provided to you by	Sourcewise	www.mysourcewise.com
		Look-Alike Dual Special Needs Plans		PLEASE NOTE: IF YOU HAVE FREE MEDI-CAL, YOU WILL PAY THE LOWER OF YOUR EXTRA HELP DEDUCTIBLE/COPAY AMOUNT OR THE PLAN AMOUNT				
FOUR DRUG COVERAGE PERIODS	Alignment Health Plan CalPlus	Anthem MediBlue Connect Plus	Blue Shield Coordinated Choice Plan	Brand New Day Classic Choice	Health Net Sapphire	Imperial Ttraditional Plus	SCAN Plus	UnitedHealthcare Medicare Advantage Assure
1. Annual Drug Deductible	\$445	\$445	\$445	\$435	\$445 Applies to Tier 2-5	\$0	\$445	\$445
2. Initial Coverage Period (your costs after the Annual Drug Deductible)								
1-Month retail pharmacy								
Tier 1: Preferred Generic	\$0	25%	\$0	\$0	\$0	0%	\$0	25%
Tier 2: Non-Preferred Generic	\$14	25%	25%	25%	\$20	25%	25%	25%
Tier 3: Preferred Brand	23%	25%	25%	25%	\$47	25%	25%	25%
Tier 4: Non-Preferred Brand	23%	25%	25%	25%	46%	25%	25%	25%
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%	25%	25%
Tier 6: Select Care Drugs / Vaccines	\$5	\$0	Not offered	\$0	\$0	Not offered	Not offered	Not offered
Preferred or Standard Retail Price	Preferred	Standard	Standard	Standard	Standard	Standard	Preferred	Standard
3-Month retail pharmacy								
2-3 times the 30 day co-pay except for percentage items	X 3	X 3	X 3	X 3	X 3	x 3	X3	X 3
3-Month mail order								
Tier 1: Preferred Generic	\$0	25%	\$0	\$0	\$0	0%	\$0	25%
Tier 2: Non-Preferred Generic	\$42	25%	25%	25%	\$60	25%	25%	25%
Tier 3: Preferred Brand	23%	25%	25%	25%	\$141	25%	25%	25%
Tier 4: Non-Preferred Brand	23%	25%	25%	25%	46%	25%	25%	25%
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	25%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	Not offered	\$0	\$0	Not offered	Not offered	Not offered
Preferred or Standard Mail Order Price	Preferred	Standard	Standard	Standard	Standard	Standard	Preferred	Standard
3. Coverage Gap (your costs after the Initial Coverage Period)								
	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.
1-Month retail pharmacy								
Generic Tier 1 / Tier 2	25%	25%	\$0 / 25%	25%	25%	0%	25%	25%
Brand Tier 3 / Tier 4	25%	25%	25%	25%	25%	25%	25%	25%
4. Catastrophic Coverage (your costs after the Coverage Gap)								
Generic	\$3.70 copay or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%	\$3.70 or 5%
Others	\$9.20 copay or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%	\$9.20 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressive drugs	20%	20%	20%	20%	20%	20%	\$0-20%	\$0-20%
Contact Information								
Members	1-866-634-2247	(800) 499 -2793	(800) 776-4466	(866) 255-4795	(800) 431-9007	(800) 838-8271	(800) 559-3500	(844) 808-4553
Non-Members	1-888-979-2247	(844) 309 -6996	(888) 534-4263	(866) 255-4795	(800) 977-6738	(800) 838-8271	(877) 870-4867	(800) 555-5757
Website	alignmenthealthplan.com	shop.anthem.com/medicare	blueshieldca.com/medicare	bndhmo.com	ca.healthnetadvantage.com	imperialhealthplan.com	scanhealthplan.com	uhcmedicareolutions.com

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Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.



# Medical Groups and Hospitals of Medicare Advantage Plans (Santa Clara County 2021)

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## MEDICAL GROUPS

	MA PLANS																
	AARP	-SecureHorizons	-Focus	Aetna	Alignment Health	-Sutter Advantage	Anthem (refer to plan)	Blue Shield of CA	Brand New Day	Health Net -Ruby	-Sapphire	Imperial	Kaiser	SCAN	Stanford HC	UnitedHealthcare -Assure	On Lok Lifeways
Affinity Medical Group								•						•			
California IPA											•						•
CareMore (CareMore Health, PMGSJ & SCCIPA- subcontracting w/ CareMore)						•							•				•
Imperial Health Holdings											•						
Nivano Physicians											•						
Northern California Advantage Medical Group	•			•											•		
Northern California Physician Group											•						•
Northern California Physicians Network (NCPN)				•													
Permanente Medical Group (Kaiser)												•					
Physicians Medical Group of San Jose (PMGSJ)	•	•		•		•	•	•	•	•					•		•
Physician Patners IPA											•						
Premier Care of Northern California											•						•
San Jose Medical Group (Part of Silicon Valley Medical Development)	•														•		
Santa Clara County Individual Physicians Association (SCCIPA)	•		•	•		•	•	•							•		•
Santa Clara Valley Health and Hospital System																•	•
Seoul Medical Group							ID# 108 & 110	•			•						
Stanford Health Care & Faculty														•			•
Sutter / Palo Alto Medical Foundation (PAMF)	•				•									•	•		•
University HealthCare Alliance (UHA)														•			

A company often uses different medical groups for its different plans. Additional providers and groups may be in the network so please check with the plans, providers, and hospitals for full details. Your access to network specialists and other providers/facilities depends on your Primary Care Physician and Medical Group selection.

# Medical Groups and Hospitals of Medicare Advantage Plans (Santa Clara County 2021)

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HOSPITALS	MA PLANS																	
	AARP	-SecureHorizons	-Focus	Aetna	Alignment Health	-Sutter Advantage	Anthem (could not verify- refer to plan)	Blue Shield of CA	Brand New Day	Health Net -Ruby	-Sapphire	Imperial	Kaiser	SCAN	Stanford HC	UnitedHealthcare -Assure	On Lok Lifeways	Cal MediConnect -SCFHP
El Camino Hospital - Los Gatos	•		•	•	•	•	•		•	•	•			•			•	•
El Camino Hospital - Mountain View	•		•	•	•	•	•		•	•				•	•		•	•
Good Samaritan Hospital	•	•	•	•		•	•	•					•	•	•	•	•	•
Kaiser Hospital												•						
O'Connor Hospital	•	•	•	•			•	•	•	•	•		•	•	•	•	•	•
Regional Medical Center of San Jose	•	•	•	•		ID# 121, 120, & 122	•	•	•	•			•	•	•	•		•
Saint Louise Regional Hospital (Gilroy)			•	•		ID# 110 & 108	•	•					•	•			•	•
San Jose Behavioral Health								•										
Santa Clara Valley Medical Center	•		•	•					•	•				•	•	•	•	
Stanford Medical Center														•			•	

A company often uses different medical groups for its different plans. Additional providers and groups may be in the network so please check with the plans, providers, and hospitals for full details. Your access to network specialists and other providers/facilities depends on your Primary Care Physician and Medical Group selection.

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