

# 2024 Medicare Advantage Special Needs Plan (SNP) ~ FINAL ~ Comparison Chart for Alameda County ~ Rev 11/02/23 ~

Medicare Advantage Plans contract with the Centers for Medicare and Medicaid Services (CMS) to provide all the benefits covered by Medicare and some additional benefits. In exchange, CMS (Medicare) pays the plan a fixed fee per member, per month. This amount varies by region and is also adjusted for the individual member's age, gender and health condition. **To enroll in a Medicare Advantage plan, a person must have both Medicare Parts A & B. The person must also live within the plan's service area.** Medicare Advantage plans must accept anybody on Medicare, including those who are under age 65 on Medicare through disability, regardless of their health condition.

**Medicare HMOs are one type of Medicare Advantage (MA) plan.** When joining a Medicare HMO, beneficiaries do not give up their Medicare coverage; rather they agree to receive it through the plan's network of providers. A member must choose a Primary Care Physician and receive a referral to see a specialist. The Medicare HMO will *not* pay for services received outside the plan's network unless it is urgent or emergency care. See our 2024 HMO Comparison Chart for more information and details: [www.lashicap.org/hicap](http://www.lashicap.org/hicap).

**A Medicare PPO is another type of Medicare Advantage (MA) plan.** A PPO allows members to seek care outside of the plan's network of providers, however higher out-of-pocket expenses such as deductibles and co-insurance will apply. See our 2024 PPO Comparison Chart for more information and details: [www.lashicap.org/hicap](http://www.lashicap.org/hicap).

**Medicare Special Needs Plans are another type of Medicare Advantage plan.** They are designed for people on Medicare and Medi-Cal (duals), those with certain chronic conditions, or those who need a nursing home level of care. They all must include Part D prescription drug coverage and they have a responsibility to coordinate benefits and care for their members. **In 2024, there are 17 Special Needs Plans in Alameda County.** Five are for people with Medicare and full Medi-Cal (duals, with no share of cost). These are called **D-SNPs** and they have no premiums or co-payments. Another Special Needs Plan is for people with specific chronic or disabling conditions, such as diabetes, dementia, or cardiovascular disorders. It is called a **C-SNP** and certain cost-sharing applies. In 2024, there are ten C-SNPs in Alameda County. The third type of Special Needs Plan is for people in institutions like a nursing home or for people who need a nursing home level of care at home. It is called an **I-SNP** and certain cost-sharing applies. In 2024, there are two I-SNPs in Alameda County.

## Enrollment:

In the fall of 2023, Medicare beneficiaries can enroll, disenroll or change plans during the **Medicare Annual Enrollment Period, from October 15 through December 7. Changes take effect on January 1, 2024.** In 2024, members have one more opportunity to make a change: they can leave their MA plan and change back to Original Medicare during the **Medicare Advantage Open Enrollment Period, from Jan 1 through March 31.** This right only applies to those who begin the year enrolled in a Medicare Advantage plan. They can leave their MA plan and enroll in a stand-alone Part D plan, or they can change to another Medicare Advantage plan. If someone returns to Original Medicare during this period, they will have through March 31 to join a stand-alone Medicare Prescription Drug Plan. There are no corresponding guaranteed issue rights to get a Medigap plan without a health screening although people can apply for a Medigap at any time but must answer health screening questions.

**People who have both Medicare and Medi-Cal and those with the Low-Income Subsidy (Extra Help) for Part D can enroll, disenroll or change plans on a quarterly basis.** The change will become effective on the first of the following month, except in the last quarter of the year (October through December), when it becomes effective on January 1.

**IMPORTANT NOTE: No Medicare Advantage or Prescription Drug Plan can charge more than a \$35 copay per month for insulin and any drug deductibles do not apply.**

## ABOUT THIS CHART

This Comparison Chart is a summary and highlights the areas where the Medicare Advantage plans may differ in benefits. **For more detailed information about coverage and cost-sharing, contact the plans directly.** For preventive care benefits covered by Medicare, please see the back of this chart. Also, on the last page is an explanation of the Star Ratings provided by Medicare.

The information in this chart applies to the individual plans under Medicare only. Group coverage (i.e., employer-sponsored plans) may be very different and should be evaluated and compared to the individual plans. Converting to an employer group plan from primary to secondary coverage when retiring and going on Medicare may offer different benefits and premiums. This chart is also available at [www.lashicap.org/hicap](http://www.lashicap.org/hicap).

Information provided by the  
Health Insurance Counseling  
and Advocacy Program (HICAP)  
of Legal Assistance for Seniors:  
510-839-0393 / HICAP Statewide:  
1-800-434-0222



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**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Aetna Medicare</b> <b>833-859-6031 (Sales &amp; Marketing)</b> <b>866-409-1221 (Member Services)</b> <a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>	<b>Anthem Blue Cross</b> <b>844-309-6996 (Sales &amp; Marketing)</b> <b>833-707-3130 (Member Services)</b> <a href="http://www.shop.anthem.com/medicare/ca">www.shop.anthem.com/medicare/ca</a>
<b>Plan Name/Type</b>	<b>Aetna Medicare Preferred Plan D-SNP (H4982-008)</b> <b>For FULL DUALS</b>	<b>Anthem Dual Advantage D-SNP (H4471-007)</b> <b>For FULL DUALS</b>
<b>Star Rating</b>	★★★	Plan to new to be measured
<b>Annual OOP Max</b>	<b>\$8,850</b>	<b>\$8,850</b>
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$0</b>
<b>Doctor Visits</b>	<b>\$0</b> for Primary Care Physician; <b>\$0</b> for Specialist	<b>\$0</b> for Primary Care Physician; <b>\$0</b> for Specialist
<b>Inpatient Hospital</b>	<b>\$0</b> per day; Unlimited number of days	<b>\$0</b> per day for days 1 - 150
<b>Outpatient Hospital</b>	<b>\$0</b> per ambulatory surgical center visit; <b>\$0</b> per outpatient hospital visit	<b>\$0</b> per ambulatory surgical center visit; <b>\$0</b> per outpatient hospital visit
<b>Skilled Nursing Facility</b>	<b>\$0</b> per day; 100 days per benefit period	<b>\$0</b> copay per day for days 1 - 100
<b>Ambulance</b>	<b>\$0</b> copay per trip by ground or air	<b>\$0</b> copay per trip by ground or air
<b>Emergency &amp; Urgent Care</b>	<b>\$0</b> copay per emergency room or urgent care visit; Worldwide coverage	<b>\$0</b> copay per ER or urgent care visit; Worldwide coverage; <b>\$0</b> copay; <b>\$100,000</b> limit/year
<b>Lab Tests, Procedures, and Radiation Therapy</b>	<b>\$0</b> copay per service	<b>\$0</b> copay per service
<b>Renal Dialysis</b>	<b>\$0</b> co-insurance per treatment	<b>\$0</b> co-insurance per treatment
<b>Outpatient Mental Health Visits</b>	<b>\$0</b> copay for individual or group therapy session	<b>\$0</b> copay for individual or group therapy session
<b>Eyewear</b>	<b>\$400</b> annual allowance for eyewear, through EyeMed provider	<b>\$300</b> annual allowance for eyewear
<b>Eye Exams</b>	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for 1 annual routine exam	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam
<b>Hearing Aids</b>	<b>\$2,500</b> annual allowance per ear; through NationsHearing provider	<b>\$3,000</b> annual allowance
<b>Hearing Exams</b>	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam	<b>\$0</b> co-pay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam
<b>Dental</b>	<b>\$0</b> copay for certain preventive and comprehensive services; through Liberty Dental network	<b>\$0</b> copay for Medicare covered visit; <b>\$1,400</b> annual allowance for certain preventive and comprehensive services
<b>Chiropractic</b>	<b>\$0</b> copay per Medicare covered visit; <b>\$0</b> copay for unlimited routine visits per year, through American Specialty Health	<b>\$0</b> co-pay per Medicare covered visit; <b>\$0</b> copay for 12 routine visits per year
<b>Podiatry</b>	<b>\$0</b> copay per Medicare covered visit; <b>\$0</b> copay/visit for 12 routine visits per year	<b>\$0</b> co-pay per Medicare covered visit; <b>\$0</b> copay for unlimited routine visits per year
<b>Prescription Drugs (Outpatient)</b>	<b>\$0</b> deductible; <b>\$0</b> copay for 30, 60, or 100 day supply of all covered drugs; specialty drugs have 30 day limit	<b>\$0</b> deductible; <b>\$0</b> copay for 30, 60, or 100 day supply of all covered drugs; specialty drugs have 30 day limit
<b>Supplemental Benefits and Optional Plans</b>	<b>Acupuncture: \$0</b> copay for unlimited routine visits/year through American Specialty Health <b>Fall Prevention: \$150</b> annual allowance for approved home safety devices <b>Extra Benefits Card: \$50</b> monthly allowance for healthy foods and <b>\$50</b> monthly allowance for certain OTC items, through NationsBenefits <b>Meals: 42</b> home-delivered meals over a 21-day period following hospital or skilled nursing facility stay <b>Transportation: \$0</b> copay/trip for 40 one-way trips each year to plan-approved locations, within 60 miles <b>Wellness: \$0</b> for Silver Sneakers gym membership	<b>Acupuncture: \$0</b> copay per visit for unlimited routine visits per year <b>Community Resource Support:</b> Referrals and coordination for community services <b>Meals: \$0</b> copay for 2 meals per day for 5 days following inpatient hospital or SNF stay <b>Options Allowance: \$70</b> monthly allowance for assistive devices, eligible food items, OTC products, and utilities <b>Transportation: \$0</b> copay/trip for 48 trips per year to plan-approved locations within 60 miles <b>Wellness: \$0</b> for Silver Sneakers gym membership; one fitness tracker every other year
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Brown & Toland, One Medical <b>Hospitals:</b> Alameda, Alta Bates/Summit Med Ctr, (Berk/Oak), Highland (Oak), Eden (CastroValley), St. Rose (Hayward), San Leandro, Stanford Valley Care (Pleas/Liv), and Washington Hospital (Frem)	<b>Medical Groups:</b> Bay Valley, Brown & Toland, Hill Physicians, Imperial Health Holdings <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden (C. Valley), St. Rose, (Hayward), Stanford Valley Care (Pleas/Liv), & Washington (Fremont)

**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Brand New Day</b> <b>866-255-4795 (Sales &amp;Marketing)</b> <b>866-255-4795 (Member Services)</b> <a href="http://www.bndhmo.com">www.bndhmo.com</a>	<b>Imperial Health Plan of CA</b> <b>1-800-838-5197 (Sales &amp; Marketing)</b> <b>1-800-838-8271 (Member Services)</b> <a href="http://www.imperialhealthplan.com">www.imperialhealthplan.com</a>
<b>Plan Name/Type</b>	<b>Brand New Day Dual Access D-SNP (H0838-024)</b> <b>For FULL DUALS</b>	<b>Imperial Dual Plan D-SNP (H5496-011)</b> <b>For FULL DUALS</b>
<b>Star Rating</b>	★★1/2	★★★
<b>Annual OOP Max</b>	<b>\$8,850</b>	<b>\$2,999</b>
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$0</b>
<b>Doctor Visits</b>	\$0 for Primary Care Physician; \$0 for Specialist	\$0 copay for Primary Care Physician; \$0 for Specialist
<b>Inpatient Hospital</b>	\$0 per stay	\$0 co-pay/day for days 1 - 150
<b>Outpatient Hospital</b>	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit	\$0 per ambulatory surgical center visit; \$0 per outpatient hospital visit
<b>Skilled Nursing Facility</b>	\$0 copay per day for days 1 - 100	\$0 copay for days 1 - 100
<b>Ambulance</b>	\$0 copay per trip by ground or air	\$0 copay per trip by ground or air
<b>Emergency &amp; Urgent Care</b>	\$0 copay per ER or urgent care visit; Worldwide coverage: \$100 copay for emergency or urgent care visit; \$50,000 limit	\$0 copay per emergency room or urgent care visit; Worldwide coverage: \$0 copay; \$50,000 limit
<b>Lab Tests, Procedures, and Radiation Therapy</b>	\$0 copay per service	\$0 copay per service
<b>Renal Dialysis</b>	\$0 coinsurance per treatment	\$0 copay per treatment
<b>Outpatient Mental Health Visits</b>	\$0 copay for individual or group therapy session	\$0 copay per individual or group therapy session
<b>Eyewear</b>	\$300 annual allowance for eyewear	\$260 annual allowance for eyewear
<b>Eye Exams</b>	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay per Medicare-covered exam; \$0 co-pay for routine exams
<b>Hearing Aids</b>	\$149 allowance per aid for 2 aids every 3 years	\$2,500 annual allowance
<b>Hearing Exams</b>	\$0 co-pay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay for Medicare-covered exam; \$0 copay for routine exams
<b>Dental</b>	\$0 copay for Medicare covered visit; \$0 copay for certain preventative and comprehensive services	\$0 copay for Medicare covered visit; \$0 co-pay for preventative services; \$500/year; \$0 co-pay for comprehensive services; \$1,000/year
<b>Chiropractic</b>	\$0 co-pay per Medicare covered visit; \$0 copay for 30 routine visits per year, combined with acupuncture	\$0 co-pay per Medicare-covered visit
<b>Podiatry</b>	\$0 co-pay per Medicare covered visit	\$0 copay per Medicare-covered visit; \$0 copay for 6 routine visits per year
<b>Prescription Drugs (Outpatient)</b>	\$0 deductible; \$0 copay for 30, 60, or 100 day supply of all covered drugs; specialty drugs have 30 day limit	\$0 deductible: Depending on your income, you pay the following: <b>Generics: \$0 to \$4.50</b> <b>Brand Name Drugs: \$0 to \$11.20</b> After annual drug costs reach \$8,000, you pay \$0.
<b>Supplemental Benefits and Optional Plans</b>	<b>Acupuncture: \$0</b> copay for 30 routine visits per year, combined with chiropractic <b>Groceries: \$50</b> monthly allowance for healthy foods for those with qualifying chronic conditions <b>Meals: \$0</b> copay per meal for 14 meals/month for those with qualifying chronic conditions <b>Over the Counter (OTC): \$33</b> monthly allowance for plan approved items <b>Scales: \$0</b> copay for those with qualifying chronic conditions <b>Transportation: \$0</b> copay/trip for 12 one-way trips per year to plan approved locations within 50 miles <b>Wellness: \$0</b> for Silver Sneakers gym membership	<b>Groceries: \$105</b> quarterly allowance for those with qualifying chronic conditions <b>In-Home Support Services: \$0</b> copay for 60 hours/yr <b>Meals: \$0</b> co-pay for up to 7 home-delivered meals following surgery or hospital stay; <b>\$105</b> allowance per benefit period <b>Over the Counter (OTC): \$140</b> quarterly allowance for items in plan's OTC mail order catalog <b>Transportation: \$0</b> co-pay for 100 one-way trips to plan approved locations <b>Wellness: \$0</b> for Silver&Fit gym membership or at-home fitness kit
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Alameda Health System; Hill Physicians East Bay <b>Hospitals:</b> Alameda, Alta Bates/Summit (Berk/Oak) Eden (C Valley), Highland (Oak), San Leandro, Washington (Fremont)	<b>Medical Groups:</b> Brown & Toland, Imperial Health Holdings, Nivano Physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley), St. Rose (Hayward), and Washington (Fremont)

**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: D-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Kaiser Permanente</b> <b>1-800-777-1238 (Sales &amp; Marketing)</b> <b>1-800-443-0815 (Member Services)</b> <a href="http://www.healthy.kaiserpermanente.org">www.healthy.kaiserpermanente.org</a>
<b>Plan Name/Type</b>	<b>Kaiser Medicare Medi-Cal Plan North</b> <b>/ D-SNP (H8794-004)</b> <b>For FULL DUALS</b>
<b>Star Rating</b>	★★★★
<b>Annual OOP Max</b>	<b>\$3,400</b>
<b>Monthly Premium</b>	<b>\$0</b>
<b>Doctor Visits</b>	\$0 for Primary Care Physician; \$0 for Specialist
<b>Inpatient Hospital</b>	\$0 per day; Unlimited days per benefit period
<b>Outpatient Hospital</b>	\$0 copay per ambulatory surgical center visit; \$0 copay per outpatient hospital visit
<b>Skilled Nursing Facility</b>	\$0 copay per day; 100 days per benefit period
<b>Ambulance</b>	\$0 copay per trip by ground or air
<b>Emergency &amp; Urgent Care</b>	\$0 copay per emergency room or urgent care visit; Worldwide coverage
<b>Lab Tests, Procedures, and Radiation Therapy</b>	\$0 copay per service
<b>Renal Dialysis</b>	\$0 copay per treatment
<b>Outpatient Mental Health Visits</b>	\$0 copay per individual or group therapy session
<b>Eyewear</b>	\$350 annual allowance for eyewear
<b>Eye Exams</b>	\$0 copay per Medicare-covered exam; \$0 copay for routine exams
<b>Hearing Aids</b>	Not Covered
<b>Hearing Exams</b>	\$0 co-pay per Medicare-covered exam
<b>Dental</b>	\$0 copay for Medicare covered visit; \$0 co-pay for certain preventive and comprehensive services; with Delta Care USA
<b>Chiropractic</b>	\$0 co-pay per Medicare covered visit
<b>Podiatry</b>	\$0 co-pay per Medicare covered visit
<b>Prescription Drugs (Outpatient)</b>	\$0 deductible: Depending on your income, you pay the following: <b>Generics: \$0 to \$4.50</b> <b>Brand Name Drugs: \$0 to \$11.20</b> After annual drug costs (paid by you, the plan, and by Extra Help from Medicare) reach <b>\$8,000</b> , you pay <b>\$0</b> .
<b>Supplemental Benefits and Optional Plans</b>	<b>Over the Counter (OTC): \$250</b> quarterly allowance for items in OTC catalogue; each order must be at least <b>\$25</b> <b>Wellness: \$0</b> copay for Silver&Fit gym membership
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Kaiser Permanente <b>Hospitals:</b> Kaiser Oakland, San Leandro, Fremont



**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs**

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center"><b>Align Senior Care</b>  <b>844-305-3879 (Sales &amp;Marketing)</b>  <b>844-305-3879 (Member Services)</b>  <a href="http://www.alignseniorcare.com">www.alignseniorcare.com</a></p>				<p align="center"><b>Align Senior Care</b>  <b>844-305-3879 (Sales &amp;Marketing)</b>  <b>844-305-3879 (Member Services)</b>  <a href="http://www.alignseniorcare.com">www.alignseniorcare.com</a></p>			
<p><b>Plan Name/Type</b></p>	<p align="center"><b>Align Kidney Care</b>  <b>C-SNP (H3274-004)</b>  <b>For People with ESRD/Dialysis</b></p>				<p align="center"><b>Align Memory Care</b>  <b>C-SNP (H3274-003)</b>  <b>For People with Diagnosis of Dementia</b></p>			
<p><b>Star Rating</b></p>	<p align="center">Not Enough Data Available</p>				<p align="center">Not Enough Data Available</p>			
<p><b>Annual OOP Max</b></p>	<p align="center"><b>\$8,850</b></p>				<p align="center"><b>\$3,500</b></p>			
<p><b>Monthly Premium</b></p>	<p align="center"><b>\$41 / Medical Deductible = \$240</b></p>				<p align="center"><b>\$0 / Medical Deductible = \$240</b></p>			
<p><b>Doctor Visits</b></p>	<p><b>\$0</b> for Primary Care Physician; <b>\$0</b> for Nephrologist visits; <b>20%</b> coinsurance for Specialist</p>				<p><b>\$0</b> for Primary Care Physician; <b>\$0</b> for Specialist</p>			
<p><b>Inpatient Hospital</b></p>	<p><b>\$1,632</b> deductible; <b>\$0</b> copay/day for days 1-60;  <b>\$408</b> copay/day for days 61-90;  <b>\$816</b> copay/day for days 91-150</p>				<p><b>\$150</b> copay/day for days 1-10; <b>\$0</b> for days 11-150</p>			
<p><b>Outpatient Hospital</b></p>	<p><b>20%</b> coinsurance per ambulatory surgical center or outpatient hospital visit</p>				<p><b>20%</b> coinsurance for ambulatory surgical ctr visit;  <b>20%</b> coinsurance for outpatient hospital services</p>			
<p><b>Skilled Nursing Facility</b></p>	<p><b>\$0</b> copay/day for days 1-20;  <b>\$204</b> copay/day for days 21-100</p>				<p><b>\$0</b> for days 1-20; <b>\$100</b> copay/day for days 21-100</p>			
<p><b>Ambulance</b></p>	<p><b>20%</b> coinsurance per trip by ground or air</p>				<p><b>\$125</b> copay per trip by ground;  <b>20%</b> coinsurance per trip by air</p>			
<p><b>Emergency &amp; Urgent Care</b></p>	<p><b>\$90</b> copay per ER visit; <b>\$25</b> per urgent care visit; copays waived if admitted to hospital within 3 days</p>				<p><b>\$90</b> copay per ER visit; <b>\$40</b> per urgent care visit; copays waived if admitted to hospital within 3 days</p>			
<p><b>Lab Tests, Procedures, and Radiation Therapy</b></p>	<p><b>\$0</b> co-pay for lab services and x-rays;  <b>20%</b> coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology</p>				<p><b>\$0</b> co-pay for lab services and x-rays;  <b>20%</b> coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology</p>			
<p><b>Renal Dialysis</b></p>	<p><b>20%</b> coinsurance per treatment</p>				<p><b>20%</b> co-insurance per treatment</p>			
<p><b>Outpatient Mental Health Visits</b></p>	<p><b>20%</b> coinsurance for individual or group therapy session</p>				<p><b>\$20</b> copay for individual therapy session;  <b>\$10</b> copay for group therapy session</p>			
<p><b>Eyewear</b></p>	<p><b>\$150</b> annual allowance for eyeglasses/frames or contact lenses</p>				<p><b>\$300</b> annual allowance for eyeglasses/frames or contact lenses</p>			
<p><b>Eye Exams</b></p>	<p><b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam</p>				<p><b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam</p>			
<p><b>Hearing Aids</b></p>	<p><b>\$3,000</b> allowance every two years</p>				<p><b>\$1,500</b> annual allowance; limited to 2 aids/year</p>			
<p><b>Hearing Exams</b></p>	<p><b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one routine exam every two years</p>				<p><b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam</p>			
<p><b>Dental</b></p>	<p><b>20%</b> coinsurance per Medicare covered visit; <b>\$1,000</b> annual allowance for certain basic and comprehensive svcs, through Liberty Dental network</p>				<p><b>20%</b> coinsurance per Medicare covered visit; <b>\$3,000</b> annual allowance for certain basic and comprehensive services, through Liberty Dental network</p>			
<p><b>Chiropractic</b></p>	<p><b>20%</b> coinsurance for Medicare-covered visit</p>				<p><b>20%</b> coinsurance per Medicare-covered visit; <b>\$30</b> copay for 12 routine visits per year</p>			
<p><b>Podiatry</b></p>	<p><b>20%</b> coinsurance for Medicare-covered visit; <b>\$0</b> copay/visit for 6 routine visits per year</p>				<p><b>20%</b> coinsurance per Medicare-covered visit; <b>\$0</b> copay for 4 routine visits per year</p>			
<p><b>Prescription Drugs (Outpatient)</b></p>	<p><i>Cost-sharing shown is for preferred pharmacies</i></p>	<p>30 days retail</p>	<p>90 days retail</p>	<p>90 days mail</p>	<p><i>Cost-sharing shown is for preferred pharmacies</i></p>	<p>30 days retail</p>	<p>90 days retail</p>	<p>90 days mail</p>
	<p>Preferred Generic</p>	<p><b>\$2</b></p>	<p><b>\$6</b></p>	<p><b>\$6</b></p>	<p>Preferred Generic</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>
	<p>Generic</p>	<p><b>\$15</b></p>	<p><b>\$45</b></p>	<p><b>\$45</b></p>	<p>Generic</p>	<p><b>\$10</b></p>	<p><b>\$30</b></p>	<p><b>\$30</b></p>
	<p>Preferred Brand</p>	<p><b>\$45</b></p>	<p><b>\$135</b></p>	<p><b>\$135</b></p>	<p>Preferred Brand</p>	<p><b>\$45</b></p>	<p><b>\$135</b></p>	<p><b>\$135</b></p>
	<p>Non-Preferred Brand</p>	<p><b>\$95</b></p>	<p><b>\$285</b></p>	<p><b>\$285</b></p>	<p>Non-Preferred Brand</p>	<p><b>\$95</b></p>	<p><b>\$285</b></p>	<p><b>\$285</b></p>
	<p>Specialty co-insurance</p>	<p><b>25%</b></p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>	<p>Specialty co-insurance</p>	<p><b>25%</b></p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>
	<p><b>\$0</b> deductible for Tier 1; <b>\$545</b> deductible for Tiers 2-5; after total yearly drug costs reach <b>\$5,030</b>, you pay <b>25%</b> for generics and brands until out-of-pocket drug expenses reach <b>\$8,000</b>. After that, you pay <b>\$0</b>.</p>	<p><b>\$0</b> deductible for Tiers 1&amp;2; <b>\$400</b> deductible for Tiers 3-5; after total yearly drug costs reach <b>\$5,030</b>, you pay <b>25%</b> for generics and brands until out-of-pocket drug expenses reach <b>\$8,000</b>. After that, you pay <b>\$0</b>.</p>						
<p><b>Supplemental Benefits and Optional Plans</b></p>	<p><b>Meals:</b> <b>\$0</b> copay for up to 2 meals/day for 7 days following discharge from hospital or SNF; <b>\$0</b> copay for 2 meals/day for up to 60 days for those with ESRD  <b>Over the Counter:</b> <b>\$600</b> annual allowance for items from plan’s OTC catalog  <b>Transportation:</b> <b>\$0</b> copay 80 trips per year to plan-approved locations within 75 miles  <b>Wellness:</b> <b>\$0</b> copay for online fitness services</p>				<p><b>Acupuncture:</b> <b>\$30</b> copay per visit for 12 routine visits per year  <b>Companion Care:</b> <b>60 hours/year</b> for assistance with errands, housekeeping, and companionship  <b>Memory Fitness:</b> <b>\$0</b> copay for online subscription to BrainHQ; <b>\$0</b> copay for 2 sensory kits per year  <b>Over the Counter:</b> <b>\$325</b> quarterly allowance for OTC items, <b>\$50</b> of which may only be used on incontinence supplies; unused balance carries over  <b>Transportation:</b> <b>\$0</b> copay/trip for 24 one-way trips per year to plan-approved locations</p>			
<p><b>Medical Groups and Hospitals</b> (may not be full list; check with plan)</p>	<p><b>Medical Groups:</b> Certain independent physicians  <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)</p>				<p><b>Medical Groups:</b> Certain independent physicians  <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)</p>			

**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs**

<p><i>Please contact the Plan for more information or call 1-800-Medicare</i></p>	<p align="center"><b>Alignment Health Plan</b>  <b>888-979-2247 (Sales &amp;Marketing)</b>  <b>866-634-2247 (Member Services)</b>  <a href="http://www.alignmenthealthplan.com">www.alignmenthealthplan.com</a></p>				<p align="center"><b>Alignment Health Plan</b>  <b>888-979-2247 (Sales &amp;Marketing)</b>  <b>866-634-2247 (Member Services)</b>  <a href="http://www.alignmenthealthplan.com">www.alignmenthealthplan.com</a></p>			
<p><b>Plan Name/Type</b></p>	<p align="center"><b>Alignment Health Heart &amp; Diabetes C-SNP (H3815-010) For People with Cardiovascular Disorders and/or Diabetes</b></p>				<p align="center"><b>Alignment Health Heart &amp; Diabetes CalPlus C-SNP (H3815-039) For People with Cardiovascular Disorders and/or Diabetes</b></p>			
<p><b>Star Rating</b></p>	<p align="center">★★★★</p>				<p align="center">★★★★</p>			
<p><b>Annual OOP Max</b></p>	<p align="center"><b>\$790</b></p>				<p align="center"><b>\$8,850</b></p>			
<p><b>Monthly Premium</b></p>	<p align="center"><b>\$0</b></p>				<p align="center"><b>\$8.50</b></p>			
<p><b>Doctor Visits</b></p>	<p align="center">\$0 copay for PCP; \$0 copay for Specialist</p>				<p align="center">\$0 copay for PCP; \$0 copay for Specialist</p>			
<p><b>Inpatient Hospital</b></p>	<p align="center">\$0 copay for unlimited days per admission</p>				<p align="center"><b>\$1,632</b> deductible; <b>\$0</b> copay/day for days 1-60;  <b>\$408</b> copay/day for days 61-90;  <b>\$816</b> copay/day for days 91-150</p>			
<p><b>Outpatient Hospital</b></p>	<p align="center">\$0 copay per ambulatory surgical center or outpatient hospital facility visit</p>				<p align="center"><b>20%</b> coinsurance per ambulatory surgical center or outpatient hospital facility visit</p>			
<p><b>Skilled Nursing Facility</b></p>	<p align="center">\$0 copay for days 1-31;  <b>\$50</b> copay/day for days 32-100</p>				<p align="center">\$0 copay/day for days 1-20;  <b>\$204</b> copay/day for days 21-100</p>			
<p><b>Ambulance</b></p>	<p align="center"><b>\$100</b> copay per trip by ground or air</p>				<p align="center"><b>20%</b> coinsurance per trip by ground or air</p>			
<p><b>Emergency &amp; Urgent Care</b></p>	<p align="center"><b>\$70</b> copay per ER visit; waived if admitted to hospital within 48 hours; <b>\$0</b> per urgent care visit; Worldwide Coverage; <b>\$0</b> copay; limit <b>\$25,000/year</b></p>				<p align="center"><b>20%</b> coinsurance per ER visit; waived if admitted to hospital within 72 hours; <b>\$0</b> per urgent care visit; Worldwide Coverage; <b>\$75</b> copay; limit <b>\$25,000/year</b></p>			
<p><b>Lab Tests, Procedures, and Radiation Therapy</b></p>	<p align="center">\$0 copay for lab services, x-rays, diagnostic tests, procedures, and diagnostic radiology; <b>20%</b> coinsurance for therapeutic radiology</p>				<p align="center"><b>20%</b> coinsurance for lab services; <b>\$0</b> copay for x-rays, diagnostic tests, procedures and diagnostic radiology; <b>20%</b> coinsurance for therapeutic radiology</p>			
<p><b>Renal Dialysis</b></p>	<p align="center"><b>20%</b> co-insurance per treatment</p>				<p align="center"><b>20%</b> co-insurance per treatment</p>			
<p><b>Outpatient Mental Health Visits</b></p>	<p align="center">\$0 copay per individual or group therapy session</p>				<p align="center"><b>20%</b> coinsurance per individual or group therapy session</p>			
<p><b>Eyewear</b></p>	<p align="center"><b>\$200</b> annual allowance for eyewear</p>				<p align="center"><b>\$500</b> annual allowance for eyewear every two years</p>			
<p><b>Eye Exams</b></p>	<p align="center">\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam</p>				<p align="center">\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam</p>			
<p><b>Hearing Aids</b></p>	<p align="center">Not covered</p>				<p align="center"><b>\$2,000</b> allowance every two years</p>			
<p><b>Hearing Exams</b></p>	<p align="center">\$0 co-pay per Medicare-covered exam \$0 for one annual routine exam</p>				<p align="center">\$0 co-pay per Medicare-covered exam; \$0 for one annual routine exam</p>			
<p><b>Dental</b></p>	<p align="center"><b>20%</b> coinsurance per Medicare covered visit; \$0 copay certain preventive services; <b>\$15-\$425</b> copays for certain comprehensive services</p>				<p align="center"><b>20%</b> coinsurance per Medicare covered visit; \$0 copay certain preventive services; <b>\$0</b> copay for certain comprehensive services; <b>\$500</b> quarterly limit</p>			
<p><b>Chiropractic</b></p>	<p align="center">\$0 copay per Medicare covered visit</p>				<p align="center">\$0 copay per Medicare covered visit; <b>\$0</b> copay for 12 routine visits per year, combined with acupuncture</p>			
<p><b>Podiatry</b></p>	<p align="center">\$0 copay per Medicare covered visit; \$0 copay for 12 routine visits each year</p>				<p align="center">\$0 copay per Medicare covered visit</p>			
<p><b>Prescription Drugs (Outpatient)</b></p>	<p><i>Cost-sharing shown is for preferred pharmacies</i></p>	<p>30 days retail</p>	<p>100 days retail</p>	<p>100 days mail</p>	<p><i>Cost-sharing shown is for preferred pharmacies</i></p>	<p>30 days retail</p>	<p>100 days retail</p>	<p>100 days mail</p>
	<p>Preferred Generic</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p>Preferred Generic</p>	<p><b>25%</b></p>	<p><b>25%</b></p>	<p><b>25%</b></p>
	<p>Generic</p>	<p><b>\$5</b></p>	<p><b>\$15</b></p>	<p><b>\$12.50</b></p>	<p>Generic</p>	<p><b>25%</b></p>	<p><b>25%</b></p>	<p><b>25%</b></p>
	<p>Preferred Brand</p>	<p><b>\$30</b></p>	<p><b>\$90</b></p>	<p><b>\$75</b></p>	<p>Preferred Brand</p>	<p><b>25%</b></p>	<p><b>25%</b></p>	<p><b>25%</b></p>
	<p>Non-Preferred Brand</p>	<p><b>\$75</b></p>	<p><b>\$125</b></p>	<p><b>\$187.50</b></p>	<p>Non-Preferred Brand</p>	<p><b>25%</b></p>	<p><b>25%</b></p>	<p><b>25%</b></p>
	<p>Specialty co-insurance</p>	<p><b>33%</b></p>	<p>N/A</p>	<p>N/A</p>	<p>Specialty co-insurance</p>	<p><b>25%</b></p>	<p>N/A</p>	<p>N/A</p>
	<p><b>\$0</b> deductible; after total yearly drug costs reach <b>\$5,030</b>, you pay <b>25%</b> for generic and brand name drugs until out-of-pocket drug expenses reach <b>\$8,000</b>. After that, you pay <b>\$0</b>.</p>				<p><b>\$545</b> deductible; after total yearly drug costs reach <b>\$5,030</b>, you pay <b>25%</b> for generic and brand name drugs until out-of-pocket drug expenses reach <b>\$8,000</b>. After that, you pay <b>\$0</b>.</p>			
<p><b>Supplemental Benefits and Optional Plans</b></p>	<p><b>Essentials Allowance:</b> <b>\$200</b> quarterly allowance for groceries, gas, utilities, and home safety for those with qualifying chronic conditions, combined with OTC  <b>Over the Counter (OTC):</b> <b>\$200</b> quarterly allowance  <b>Pest Control:</b> <b>\$0</b> copay for one annual eradication service for those with qualifying chronic conditions  <b>Pet Services:</b> <b>\$0</b> copay for 7 boarding days or 14 walks/year for those with qualifying chronic condition  <b>Transportation:</b> <b>\$0</b> copay for 50 one-way trips/year to plan-approved locations within 35 miles  <b>Wellness:</b> <b>\$0</b> for basic gym membership  <b>Enhanced Dental Option:</b> <b>\$27</b> monthly premium; <b>\$1,500</b> limit per year with <b>0%-50%</b> coinsurance for certain diagnostic and comprehensive services</p>				<p><b>Acupuncture:</b> <b>\$0</b> co-pay for 12 routine visits per year, combined with chiropractic  <b>Essentials Allowance:</b> <b>\$500</b> quarterly allowance for groceries, gas, utilities, and home safety for those with qualifying chronic conditions, combined with OTC  <b>Over the Counter (OTC):</b> <b>\$500</b> quarterly allowance  <b>Pest Control:</b> <b>\$0</b> copay for one annual eradication service for those with qualifying chronic conditions  <b>Pet Services:</b> <b>\$0</b> copay for 7 boarding days or 14 walks/year for those with qualifying chronic condition  <b>Transportation:</b> <b>\$0</b> copay for unlimited one-way trips/year to plan-approved locations within 50 miles  <b>Wellness:</b> <b>\$0</b> for basic gym membership</p>			
<p><b>Medical Groups and Hospitals</b>  (may not be full list; check with plan)</p>	<p><b>Medical Groups:</b> Brown &amp; Toland  <b>Hospitals:</b> Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oak), St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)</p>				<p><b>Medical Groups:</b> Brown &amp; Toland  <b>Hospitals:</b> Alameda, Alta Bates/Summit (Berk/Oak) Eden (Castro Valley), Highland (Oak), St. Rose (Hayward), Stanford Valley Care (Pleas/Liv)</p>			

**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Brand New Day</b> <b>866-255-4795 (Sales &amp;Marketing)</b> <b>866-255-4795 (Member Services)</b> <a href="http://www.bndhmo.com">www.bndhmo.com</a>	<b>Brand New Day</b> <b>866-255-4795 (Sales &amp;Marketing)</b> <b>866-255-4795 (Member Services)</b> <a href="http://www.bndhmo.com">www.bndhmo.com</a>						
<b>Plan Name/Type</b>	<b>Brand New Day Embrace Care C-SNP (H0838-039)</b> <b>For People with Cardiovascular Disease, Chronic Heart Failure, or Diabetes</b>	<b>Brand New Day Embrace Choice C-SNP (H0838-040)</b> <b>For People with Cardiovascular Disease, Chronic Heart Failure, or Diabetes</b>						
<b>Star Rating</b>	★★1/2	★★1/2						
<b>Annual OOP Max</b>	<b>\$3,000</b>	<b>\$8,850</b>						
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$41</b>						
<b>Doctor Visits</b>	\$0 for Primary Care Physician; <b>\$0-10</b> for Specialist	\$0 for PCP; <b>40%</b> coinsurance for Specialist						
<b>Inpatient Hospital</b>	\$0 copay for day 1; <b>\$225</b> per day for days 2-9; \$0 per day for days 10-90	<b>\$1,632</b> deductible; <b>\$0</b> copay/day for days 1-60; <b>\$408</b> copay/day for days 61-90; <b>\$816</b> copay/day for days 91-150						
<b>Outpatient Hospital</b>	<b>\$0 - \$100</b> per ambulatory surgical center visit; <b>\$0 - \$150</b> per outpatient hospital visit	<b>20%</b> coinsurance per ambulatory surgical center or outpatient hospital facility visit						
<b>Skilled Nursing Facility</b>	\$0 for days 1-20; <b>\$204</b> copay per day for days 21-100	\$0 copay for days 1-20; <b>\$204</b> copay/day for days 21-100						
<b>Ambulance</b>	<b>\$0 - \$150</b> copay per trip by ground; <b>20%</b> coinsurance per trip by air	<b>20%</b> coinsurance per trip by ground or air						
<b>Emergency &amp; Urgent Care</b>	<b>\$0 - \$125</b> per ER visit; waived if admitted to hospital within 72 hours; <b>\$0</b> for urgent care; Worldwide coverage: <b>\$125</b> copay per emergency or urgent care visit; <b>\$50,000</b> limit	<b>\$100</b> copay per ER visit; waived if admitted to hospital within 72 hours; <b>\$0</b> for urgent care; Worldwide coverage: <b>\$100</b> copay per emergency or urgent care visit; <b>\$50,000</b> limit						
<b>Lab Tests, Procedures, and Radiation Therapy</b>	<b>\$0</b> copay for lab services, x-rays, diagnostic tests, and procedures; <b>\$50</b> copay for diagnostic radiology; <b>20%</b> coinsurance for therapeutic radiology	<b>\$0</b> copay for lab services; <b>20%</b> coinsurance for x-rays, diagnostic tests, procedures; <b>\$0</b> for diagnostic radiology; <b>20%</b> coinsurance for therapeutic radiology						
<b>Renal Dialysis</b>	<b>20%</b> coinsurance per treatment	<b>20%</b> co-insurance per treatment						
<b>Outpatient Mental Health Visits</b>	<b>\$10</b> copay for individual therapy session; <b>20%</b> coinsurance per group therapy session	<b>\$40</b> copay for individual or group therapy session						
<b>Eyewear</b>	<b>\$300</b> annual allowance for eyewear	<b>\$300</b> annual allowance for eyewear						
<b>Eye Exams</b>	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam	<b>\$0</b> copay per Medicare covered exam; <b>\$0</b> for one annual routine exam						
<b>Hearing Aids</b>	<b>\$699-\$999</b> copay per aid for 2 aids per year	<b>\$149</b> allowance per aid for 2 aids every 3 years						
<b>Hearing Exams</b>	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam	<b>\$0</b> copay per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam						
<b>Dental</b>	<b>\$0</b> copay for Medicare covered visit; <b>\$0</b> copay for certain preventative services; <b>\$0-\$2,160</b> copays for certain comprehensive svcs	<b>\$0</b> copay for Medicare covered visit; <b>\$0-\$17</b> copay for certain preventative services; <b>\$0 - \$350</b> copay for certain comprehensive services						
<b>Chiropractic</b>	<b>\$0</b> co-pay per Medicare covered visit; <b>\$0</b> copay for 12 routine visits/year, combined with acupuncture	<b>\$0</b> co-pay per Medicare covered visit; <b>\$0</b> for 12 routine visits per year, combined with acupuncture						
<b>Podiatry</b>	<b>\$0</b> co-pay per Medicare covered visit	<b>\$0</b> co-pay per Medicare covered visit						
<b>Prescription Drugs (Outpatient)</b>	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	Preferred Generic	<b>25%</b>	<b>25%</b>	<b>25%</b>
	Generic	<b>\$9</b>	<b>\$27</b>	<b>\$18</b>	Generic	<b>25%</b>	<b>25%</b>	<b>25%</b>
	Preferred Brand	<b>\$47</b>	<b>\$101</b>	<b>\$94</b>	Preferred Brand	<b>25%</b>	<b>25%</b>	<b>25%</b>
	Non-Preferred Brand	<b>\$90</b>	<b>\$270</b>	<b>\$180</b>	Non-Preferred Brand	<b>25%</b>	<b>25%</b>	<b>25%</b>
	Specialty co-insurance	<b>33%</b>	<b>N/A</b>	<b>N/A</b>	Specialty co-insurance	<b>25%</b>	<b>N/A</b>	<b>N/A</b>
	<b>\$0</b> deductible; after total yearly drug costs reach <b>\$5,030</b> , you pay <b>\$0</b> for preferred generics and <b>25%</b> for generics and brands until out-of-pocket drug expenses reach <b>\$8,000</b> . After that, you pay <b>\$0</b> .				<b>\$0</b> deductible for Tier 1; <b>\$545</b> for Tiers 2-6; after total yearly drug costs reach <b>\$5,030</b> , you pay <b>25%</b> for generics and <b>25%</b> for brands until out-of-pocket drug expenses reach <b>\$8,000</b> . After that, you <b>\$0</b> .			
<b>Supplemental Benefits and Optional Plans</b>	<b>Acupuncture:</b> <b>\$0</b> copay for 12 routine visits per year, combined with chiropractic <b>In-Home Support Services:</b> <b>\$0</b> copay for 20 hours per year for those with qualifying chronic condtns <b>Meals:</b> <b>\$0</b> copay per meal for 14 meals/week for 12 weeks for people with qualifying chronic conditions <b>Scales:</b> <b>\$0</b> copay for those with qualifying chronic conditions <b>Over the Counter (OTC):</b> <b>\$44</b> quarterly allowance for plan approved items <b>Transportation:</b> <b>\$0</b> copay/trip for 12 trips per year to plan approved locations within 50 miles <b>Wellness:</b> <b>\$0</b> for Silver Sneakers gym membership				<b>Acupuncture:</b> <b>\$0</b> copay for 12 routine visits per year, combined with chiropractic <b>Groceries:</b> <b>\$30</b> monthly allowance for certain healthy foods, for those with qualifying conditions <b>In-Home Support Services:</b> 20 hours per year for those with qualifying chronic conditions <b>Meals:</b> <b>\$0</b> copay per meal for 14 meals/month for 12 months for people with qualifying chronic conditions <b>Over the Counter:</b> <b>\$50</b> monthly allowance for plan approved OTC items <b>Scales:</b> <b>\$0</b> copay for those w/qualify chronic cond <b>Transportation:</b> <b>\$0</b> copay for 12 one-way trips per year to plan approved locations within 50 miles <b>Wellness:</b> <b>\$0</b> for Silver Sneakers gym membership			
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Alameda Health System; Hill Physicians East Bay / <b>Hospitals:</b> Alameda, Alta Bates/Summit (Berk/Oak) Eden (C Valley), Highland (Oak), San Leandro, Washington (Fremont)				<b>Medical Groups:</b> Alameda Health System; Hill Physicians East Bay / <b>Hospitals:</b> Alameda, Alta Bates/Summit (Berk/Oak) Eden (C Valley), Highland (Oak), San Leandro, Washington (Fremont)			



**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Central Health Medicare</b> <b>1-866-314-2427 (Sales &amp; Marketing)</b> <b>1-866-314-2427 (Member Services)</b> <a href="http://www.centralhealthplan.com">www.centralhealthplan.com</a>	<b>Imperial Health Plan of CA</b> <b>1-800-838-8271 (Sales &amp; Marketing)</b> <b>1-800-838-8271 (Member Services)</b> <a href="http://www.imperialhealthplan.com">www.imperialhealthplan.com</a>						
<b>Plan Name/Type</b>	<b>Central Health Focus Plan</b> <b>C-SNP (H5649-006)</b> <b>For People with Cardiovascular Disease, Chronic Heart Failure, or Diabetes</b>	<b>Imperial Senior Value</b> <b>C-SNP (H5496-005)</b> <b>For People with Cardiovascular Disease, Heart Failure, or Diabetes</b>						
<b>Star Rating</b>	★★★1/2	★★★						
<b>Annual OOP Max</b>	\$1,800	\$1,999						
<b>Monthly Premium</b>	\$0	\$0						
<b>Doctor Visits</b>	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist						
<b>Inpatient Hospital</b>	\$0 per stay	\$150 copay/day for days 1-5; \$0/day for days 6-90; \$670/day for days 91-150						
<b>Outpatient Hospital</b>	\$0 copay per ambulatory surgical center visit; \$0 copay per outpatient hospital visit	\$200 per ambulatory surgical center visit; \$200 per outpatient hospital visit						
<b>Skilled Nursing Facility</b>	\$0 per stay	\$0 copay for days 1-20; \$200/day for days 21-100						
<b>Ambulance</b>	\$0-\$100 copay per trip by ground; 20% coinsurance per trip by air	\$150 copay per trip by ground; 20% co-insurance per trip by air						
<b>Emergency &amp; Urgent Care</b>	\$0-\$125 copay per ER visit; waived if admitted to hospital within 72 hours; \$0 copay for urgent care; Worldwide coverage: \$50 copay for emergency or urgent care visit; \$100,000 limit	\$125 copay per emergency room visit; \$0 for urgent care; Worldwide coverage: \$0 copay; \$50,000 limit						
<b>Lab Tests, Procedures, and Radiation Therapy</b>	\$0 copay for lab services, x-rays, diagnostic tests, procedures; \$75 copay for diagnostic radiology; 20% coinsurance for therapeutic radiology	10% coinsurance for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; 20% co-insurance for therapeutic radiology						
<b>Renal Dialysis</b>	20% co-insurance per treatment	20% co-insurance per treatment						
<b>Outpatient Mental Health Visits</b>	\$0 copay for individual or group therapy session	20% co-insurance per individual or group therapy session						
<b>Eyewear</b>	\$150 annual allowance for eyewear	\$250 annual allowance for eyewear						
<b>Eye Exams</b>	\$0 copay for Medicare-covered exam; \$0 for one annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for routine exams						
<b>Hearing Aids</b>	\$2,000 annual allowance, through NationsHearing	\$500 annual allowance						
<b>Hearing Exams</b>	\$0 copay for Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay for Medicare-covered exam; \$0 for routine exams up to \$250/year						
<b>Dental</b>	\$0 copay for Medicare covered visit; \$0-\$41 copay for certain preventative services; \$0-\$2,160 copay for certain comprehensive services	\$0 copay for Medicare covered visit; \$0 co-pay for preventative services; \$500/year; \$0 co-pay for comprehensive services; \$2,000/year						
<b>Chiropractic</b>	\$0 copay for Medicare covered visit	\$0 copay per Medicare-covered visit						
<b>Podiatry</b>	\$0 co-pay per Medicare covered visit	\$0 copay per Medicare-covered visit; \$0 copay for 6 routine visits per year						
<b>Prescription Drugs (Outpatient)</b>	<i>Cost-sharing shown is for network pharmacies</i>	30 days retail	90 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$0	\$0	\$0
	Generic	\$0	\$0	\$0	Generic	\$5	\$15	\$10
	Preferred Brand	\$35	\$105	\$70	Preferred Brand	\$45	\$135	\$90
	Non-Preferred Brand	\$75	\$225	\$150	Non-Preferred Brand	\$90	\$270	\$180
	Specialty co-insurance	33%	N/A	N/A	Specialty co-insurance	33%	N/A	N/A
	\$0 deductible; after total yearly drug costs reach \$5,030, you pay \$0 for any generics and 25% of the plan's cost for brands until out-of-pocket drug expenses reach \$8,000. After that, you pay \$0.				\$0 deductible; after total yearly drug costs reach \$5,030, you pay \$0, \$5, \$10 or \$15 for generics and 25% of the plan's cost for brands until out-of-pocket drug expenses reach \$8,000. After that, you pay \$0.			
<b>Supplemental Benefits and Optional Plans</b>	<b>Acupuncture:</b> \$0 copay per visit for unlimited routine visits per year <b>Groceries:</b> \$25 monthly allowance for healthy foods, for those with qualifying conditions <b>Meals:</b> \$0 co-pay for 2 meals/day for 14 days following surgery or hospital stay; up to 4 times/year <b>Over the Counter:</b> \$46 monthly allowance for OTC and Herbal Catalog items <b>Scales:</b> \$0 copay for those with qualifying chronic conditions <b>Transportation:</b> \$0 copay for 24 one-way trips per year to plan approved locations within 50 miles <b>Wellness:</b> \$0 for Silver Sneakers gym membership				<b>In-Home Support Services:</b> \$0 copay 60 hours/year <b>Meals:</b> \$0 co-pay for up to 7 home-delivered meals following surgery or hospital stay; \$105 allowance per benefit period <b>Over the Counter:</b> \$75 quarterly allowance for items in plan's OTC mail order catalog <b>Transportation:</b> \$0 co-pay for 100 one-way trips to plan approved locations <b>Wellness:</b> \$0 for Silver&Fit gym membership or at-home fitness kit			
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Hill Physicians East Bay <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden (Castro Valley, Washington (Fremont))				<b>Medical Groups:</b> Brown & Toland, Imperial Health Holdings, Nivano Physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley), St. Rose (Hayward), and Washington (Fremont)			



**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: C-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>SCAN Health Plan</b> <b>877-870-4867 (Sales &amp; Marketing)</b> <b>800-559-3500 (Member Services)</b> <a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>	<b>SCAN Health Plan</b> <b>877-870-4867 (Sales &amp; Marketing)</b> <b>800-559-3500 (Member Services)</b> <a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>						
<b>Plan Name/Type</b>	<b>SCAN Balance</b> <b>C-SNP (H5425-076)</b> <b>For People with Diabetes</b>	<b>SCAN Heart First</b> <b>C-SNP (H5425-077)</b> <b>For People with Cardiovascular Disease and/or Congestive Heart Failure</b>						
<b>Star Rating</b>	★★★1/2	★★★1/2						
<b>Annual OOP Max</b>	<b>\$2,800</b>	<b>\$2,800</b>						
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$0</b>						
<b>Doctor Visits</b>	\$0 for Primary Care Physician; \$0 for Specialist	\$0 for Primary Care Physician; \$0 for Specialist						
<b>Inpatient Hospital</b>	\$150 copay per day for days 1-7; \$0 for days 8-90 and beyond	\$150 copay per day for days 1-7; \$0 for days 8-90 and beyond						
<b>Outpatient Hospital</b>	\$0 per ambulatory surgical center visit; \$0-\$125 copay per outpatient hospital visit	\$0 per ambulatory surgical center visit; \$0-\$125 copay per outpatient hospital visit						
<b>Skilled Nursing Facility</b>	\$0 for days 1-20; \$75 copay/day for days 21-100	\$0 for days 1-20; \$75 copay/day for days 21-100						
<b>Ambulance</b>	\$90 copay per emergency room visit; Waived if admitted to hospital immediately; \$0 copay per urgent care visit; Worldwide coverage	\$90 copay per emergency room visit; Waived if admitted to hospital immediately; \$0 copay per urgent care visit; Worldwide coverage						
<b>Emergency &amp; Urgent Care</b>	\$180 copay per trip by ground or air	\$180 copay per trip by ground or air						
<b>Lab Tests, Procedures, and Radiation Therapy</b>	\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; \$60 copay for therapeutic radiology	\$0 copay for lab services, diagnostic tests & procedures, x-rays, and diagnostic radiology; \$60 copay for therapeutic radiology						
<b>Renal Dialysis</b>	20% co-insurance per treatment	20% co-insurance per treatment						
<b>Outpatient Mental Health Visits</b>	\$10 copay per individual or group therapy session	\$10 copay per individual or group therapy session						
<b>Eyewear</b>	\$235 allowance for lenses/frames every 2 years	\$235 allowance for lenses/frames every 2 years						
<b>Eye Exams</b>	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for 1 annual routine exam						
<b>Hearing Aids</b>	\$450-\$750 copay per aid; 2 aids per year, through TruHearing	\$450-\$750 copay per aid; 2 aids per year, through TruHearing						
<b>Hearing Exams</b>	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam	\$0 copay per Medicare-covered exam; \$0 copay for one annual routine exam						
<b>Dental</b>	\$0 copay for Medicare covered visit; \$0 copay per oral exam, cleaning, and x-rays; up to 2 visits each per year; See Optional Benefit Plan below	\$0 copay for Medicare covered visit; \$0 copay per oral exam, cleaning, and x-rays; up to 2 visits each per year; See Optional Benefit Plan below						
<b>Chiropractic</b>	\$0 copay per Medicare-covered visit	\$0 copay per Medicare-covered visit						
<b>Podiatry</b>	\$0 co-pay per Medicare covered visit	\$0 co-pay per Medicare covered visit						
<b>Prescription Drugs (Outpatient)</b>	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail	<i>Cost-sharing shown is for preferred pharmacies</i>	30 days retail	100 days retail	100 days mail
	Preferred Generic	\$0	\$0	\$0	Preferred Generic	\$0	\$0	\$0
	Generic	\$0	\$0	\$0	Generic	\$0	\$0	\$0
	Preferred Brand	\$40	\$100	\$100	Preferred Brand	\$40	\$100	\$100
	Non-Preferred Brand	\$90	\$250	\$250	Non-Preferred Brand	\$90	\$250	\$250
	Specialty co-insurance	33%	N/A	N/A	Specialty co-insurance	33%	N/A	N/A
		\$0 deductible; after total yearly drug costs reach \$5,030, you pay \$0 for generics and no more than 25% of the plan's cost for brand names until out-of-pocket drug expenses reach \$8,000. After that, you pay \$0.			\$0 deductible; after total yearly drug costs reach \$5,030, you pay \$0 for generics and no more than 25% of the plan's cost for brand names until out-of-pocket drug expenses reach \$8,000. After that, you pay \$0.			
<b>Supplemental Benefits and Optional Plans</b>	<b>Over the Counter (OTC):</b> \$100 quarterly allowance for items from plan's OTC catalog; balance carried over to next quarter but not next year <b>Transportation:</b> \$0 copay for up to 24 one-way trips per year to plan-approved locations within 75 miles <b>Optional Dental Plan:</b> \$10/month with varying copays for preventive and comprehensive services			<b>Over the Counter (OTC):</b> \$100 quarterly allowance for items from plan's OTC catalog; balance carried over to next quarter but not next year <b>Transportation:</b> \$0 copay for up to 24 one-way trips per year to plan-approved locations within 75 miles <b>Optional Dental Plan:</b> \$10/month with varying copays for preventive and comprehensive services				
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Brown & Toland <b>Hospitals:</b> Alameda, San Leandro, St. Rose (Hayward)			<b>Medical Groups:</b> Brown & Toland <b>Hospitals:</b> Alameda, San Leandro, St. Rose (Hayward)				

**2024 MEDICARE SNP COMPARISON CHART FOR ALAMEDA COUNTY: I-SNPs**

<i>Please contact the Plan for more information or call 1-800-Medicare</i>	<b>Align Senior Care</b> <b>844-305-3879 (Sales &amp;Marketing)</b> <b>844-305-3879 (Member Services)</b> <a href="http://www.alignseniorcare.com">www.alignseniorcare.com</a>	<b>Align Senior Care</b> <b>844-305-3879 (Sales &amp;Marketing)</b> <b>844-305-3879 (Member Services)</b> <a href="http://www.alignseniorcare.com">www.alignseniorcare.com</a>																																																
<b>Plan Name/Type</b>	<b>Align Premier Care</b> <b>I-SNP (H3274-002) - For People</b> <b>Needing Nursing Home Level of Care</b>	<b>Align Senior Care</b> <b>I-SNP (H3274-001) For People Needing</b> <b>Nursing Home Level of Care</b>																																																
<b>Star Rating</b>	Not Enough Data Available	Not Enough Data Available																																																
<b>Annual OOP Max</b>	<b>\$3,500</b>	<b>\$8,850</b>																																																
<b>Monthly Premium</b>	<b>\$0 / Medical Deductible = \$240</b>	<b>\$41 / Medical Deductible = \$240</b>																																																
<b>Doctor Visits</b>	<b>\$0</b> for Primary Care Physician; <b>\$0</b> for Specialist	<b>\$0</b> copay for Primary Care Physician; <b>20%</b> coinsurance for Specialist																																																
<b>Inpatient Hospital</b>	<b>\$150</b> copay/day for days 1-10; <b>\$0</b> for days 11-150	<b>\$1,632</b> deductible; <b>\$0</b> copay/day for days 1-60; <b>\$408</b> copay/day for days 61-90; <b>\$816</b> copay/day for days 91-150																																																
<b>Outpatient Hospital</b>	20% coinsurance per ambulatory surgical center or outpatient hospital visit	20% coinsurance per ambulatory surgical center or outpatient hospital facility visit																																																
<b>Skilled Nursing Facility</b>	<b>\$0</b> copay/day for days 1-20; <b>\$100</b> copay/day for days 21-100	<b>\$0</b> copay/day for days 1-20; <b>\$204</b> copay/day for days 21-100																																																
<b>Ambulance</b>	<b>\$125</b> copay per trip by ground; <b>20%</b> coinsurance per trip by air	20% coinsurance per trip by ground or air																																																
<b>Emergency &amp; Urgent Care</b>	<b>\$90</b> copay per ER visit; <b>\$40</b> per urgent care visit; copays waived if admitted to hospital within 3 days	<b>\$90</b> copay per ER visit; <b>\$55</b> per urgent care visit; copays waived if admitted to hospital within 3 days																																																
<b>Lab Tests, Procedures, and Radiation Therapy</b>	<b>\$0</b> copay for lab services and x-rays; <b>20%</b> coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology	<b>\$0</b> copay for lab services and x-rays; <b>20%</b> coinsurance for diagnostic tests, procedures, diagnostic and therapeutic radiology																																																
<b>Renal Dialysis</b>	20% coinsurance per treatment	20% coinsurance per treatment																																																
<b>Outpatient Mental Health Visits</b>	<b>\$20</b> copay for individual therapy session; <b>\$10</b> copay for group therapy session	20% coinsurance per individual or group therapy session																																																
<b>Eyewear</b>	<b>\$225</b> annual allowance for eyewear	<b>\$275</b> annual allowance for eyewear																																																
<b>Eye Exams</b>	<b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam	<b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam																																																
<b>Hearing Aids</b>	<b>\$1,500</b> annual allowance; limited to 2 aids/year	<b>\$1,500</b> annual allowance; limited to 2 aids/year																																																
<b>Hearing Exams</b>	<b>20%</b> coinsurance per Medicare-covered exam; <b>\$0</b> copay for one annual routine exam	<b>20%</b> coinsurance per Medicare-covered exam <b>\$0</b> copay for one annual routine exam																																																
<b>Dental</b>	<b>20%</b> coinsurance per Medicare covered visit; <b>\$1,000</b> annual allowance for certain basic and comprehensive services, through Liberty Dental	<b>20%</b> coinsurance per Medicare covered visit; <b>\$3,000</b> annual allowance for certain basic and comprehensive services, through Liberty Dental																																																
<b>Chiropractic</b>	<b>20%</b> coinsurance for Medicare-covered visit; <b>\$30</b> copay for 12 routine visits per year	20% coinsurance for Medicare-covered visit																																																
<b>Podiatry</b>	<b>20%</b> coinsurance for Medicare-covered visit; <b>\$0</b> copay/visit for 4 routine visits per year	<b>20%</b> coinsurance for Medicare-covered visit; <b>\$0</b> copay/visit for 4 routine visits per year																																																
<b>Prescription Drugs (Outpatient)</b>	<i>Cost-sharing shown is for preferred pharmacies</i> <table border="1"> <tr> <td></td> <td align="center">30 days retail</td> <td align="center">90 days retail</td> <td align="center">90 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td align="center"><b>\$0</b></td> <td align="center"><b>\$0</b></td> <td align="center"><b>\$0</b></td> </tr> <tr> <td>Generic</td> <td align="center"><b>\$10</b></td> <td align="center"><b>\$30</b></td> <td align="center"><b>\$30</b></td> </tr> <tr> <td>Preferred Brand</td> <td align="center"><b>\$45</b></td> <td align="center"><b>\$145</b></td> <td align="center"><b>\$145</b></td> </tr> <tr> <td>Non-Preferred Brand</td> <td align="center"><b>\$95</b></td> <td align="center"><b>\$285</b></td> <td align="center"><b>\$285</b></td> </tr> <tr> <td>Specialty co-insurance</td> <td align="center">25%</td> <td align="center">N/A</td> <td align="center">N/A</td> </tr> </table>		30 days retail	90 days retail	90 days mail	Preferred Generic	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	Generic	<b>\$10</b>	<b>\$30</b>	<b>\$30</b>	Preferred Brand	<b>\$45</b>	<b>\$145</b>	<b>\$145</b>	Non-Preferred Brand	<b>\$95</b>	<b>\$285</b>	<b>\$285</b>	Specialty co-insurance	25%	N/A	N/A	<table border="1"> <tr> <td></td> <td align="center">30 days retail</td> <td align="center">90 days retail</td> <td align="center">90 days mail</td> </tr> <tr> <td>Preferred Generic</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Generic</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Non-Preferred Brand</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> <tr> <td>Specialty co-insurance</td> <td align="center">25%</td> <td align="center">25%</td> <td align="center">25%</td> </tr> </table>		30 days retail	90 days retail	90 days mail	Preferred Generic	25%	25%	25%	Generic	25%	25%	25%	Preferred Brand	25%	25%	25%	Non-Preferred Brand	25%	25%	25%	Specialty co-insurance	25%	25%	25%
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Non-Preferred Brand	25%	25%	25%																																															
Specialty co-insurance	25%	25%	25%																																															
	<b>\$0</b> deductible for Tiers 1&2; <b>\$400</b> deductible for Tiers 3-5; after total yearly drug costs reach <b>\$5,030</b> , you pay <b>25%</b> for generic and brand name drugs until out-of-pocket drug expenses reach <b>\$8,000</b> . After that, you pay <b>\$0</b> .	<b>\$545</b> deductible for all drugs; after total yearly drug costs reach <b>\$5,030</b> , you pay <b>25%</b> for generic and brand name drugs until out-of-pocket drug expenses reach <b>\$8,000</b> . After that, you pay <b>\$0</b> .																																																
<b>Supplemental Benefits and Optional Plans</b>	<b>Acupuncture: \$30</b> copay per visit for 12 routine visits per year <b>Companion Care: 30</b> hours per year for those with certain qualifying conditions <b>Groceries: \$35</b> monthly allowance at preferred locations for those w/chronic qualifying conditions <b>Over the Counter: \$225</b> quarterly allowance for OTC items, <b>\$50</b> of which may only be used on incontinence supplies; unused balance carries over <b>Transportation: \$0</b> copay for 24 trips per year to plan-approved locations <b>Wellness: \$0</b> copay for online fitness services	<b>Companion Care: 30</b> hours per year for those with certain qualifying conditions <b>Groceries: \$30</b> monthly allowance at preferred locations for those w/chronic qualifying conditions <b>Memory Fitness: \$0</b> copay for online subscription to BrainHQ <b>Over the Counter: \$250</b> quarterly allowance for OTC items, <b>\$50</b> of which may only be used on incontinence supplies; unused balance carries over <b>Transportation: \$0</b> copay for 24 trips per year to plan-approved locations																																																
	<b>Medical Groups:</b> Certain independent physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)	<b>Medical Groups:</b> Certain independent physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)																																																
<b>Medical Groups and Hospitals</b> (may not be full list; check with plan)	<b>Medical Groups:</b> Certain independent physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)	<b>Medical Groups:</b> Certain independent physicians <b>Hospitals:</b> Alta Bates/Summit (Berk/Oak), Eden Medical Center (Castro Valley)																																																

# Medicare Coverage for Preventive Care Benefits

To help people with Medicare stay healthy, Medicare covers certain screening tests, supplies, and teaching services. People with Original Medicare can receive most of these preventive benefits without having to pay coinsurance or the Part B deductible (\$240 in 2024). Medicare Advantage plans also cannot charge cost sharing (meaning no deductible, no copayment or coinsurance) for most in-network preventive benefits. These preventive benefits available at no cost include:

- Abdominal Aortic Aneurysm Screening: one per lifetime
- Alcohol Misuse Screening and Counseling: one screening per year and up to 4 counseling sessions per year
- Annual Wellness Visit: one per year
- Bone Mass Measurement: one every 2 years
- Breast Cancer Screening: one per year
- Cardiovascular (heart disease) Screening and Therapy: one screening every 5 years and one counseling session (with primary care physician) per year
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam): one every 2 years or one a year if at high risk
- Colorectal Cancer Screening: frequency varies by type of test
- COVID 19 Vaccine and Boosters
- Depression Screening: one per year
- Diabetes Screening: 2 per year if at risk
- Flu Shot: one per year
- Hepatitis B Shots: as needed depending on health status
- HIV Screening: one per year
- Medical Nutrition Therapy: as needed depending on health status
- Obesity Screening & Counseling: one screening per year and up to 22 counseling sessions/year
- Pneumococcal Shots: one per lifetime
- Prostate Cancer Screening: one per year for age 50 and over
- RSV (Respiratory Syncytial Virus) Vaccine: one per year
- Sexually Transmitted infections (STI) Screening & Counseling: one screening per year and 2 counseling sessions (with primary care physician) per year
- Shingles Vaccine
- Tobacco-use Cessation Counseling (if not diagnosed with related illness): up to 8 sessions per year
- “Welcome to Medicare” Exam: one in the year following enrollment into Part B

The following preventive benefits are subject to cost-sharing under Original Medicare (the Part B deductible and 20% co-insurance). Medicare Advantage plans may charge for these services:

- Barium Enema Screening: one every 4 years for age 50 and over
- Diabetes Self-Management Training Services: as ordered by doctor
- Glaucoma Screening: one per year if at high risk
- Prostate Cancer Screening (digital rectal exam): one per year for age 50 and over
- Tobacco-use Cessation Counseling (if diagnosed with related illness): up to 8 sessions per year

For more information on preventive care coverage, you can refer to the Medicare and You 2024 Handbook. Call 1-800-Medicare to request a copy or visit: [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you).

## Star Ratings:

This summary rating gives an overall score of the Medicare Advantage plan’s quality and performance on up to 46 unique quality and performance factors that fall into 5 categories:

- Staying healthy: screenings, tests, and vaccines. Includes whether members got various screening tests, vaccines, and other check-ups that help them stay healthy.
- Managing chronic (long-term) conditions. Includes how often members with different conditions got certain tests and treatments that help manage their condition.
- Member experience with the health plan. Includes ratings of member satisfaction with the plan.
- Member complaints and changes in the health plan’s performance: Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan’s performance has improved (if at all) over time.
- Health plan customer service. Includes how well the plan handles member appeals.

This information is gathered from several different sources. In some cases, it is based on member surveys, information from clinicians, or information from plans. In other cases, it is based on results from Medicare’s regular monitoring activities. Detailed information is available here:

<https://www.cms.gov/files/document/101323-fact-sheet-2024-medicare-advantage-and-part-d-ratings.pdf>