

## 2022 San Francisco Medicare Advantage - HMO w/Medi-Cal

	Wellcare By Healthnet		SCAN Health Plan
<b>Plan Name</b>	<b>Wellcare Plus Sapphie II (H3561-002)</b>		<b>SCAN Plus (H5425-045)</b>
<b>Monthly Premium</b>	<b>\$0.00</b>		<b>\$0.00</b>
<b>MOOP</b>	\$3,450		\$7,550
<b>Phone Number</b>	1-800-275-4737 Current Members		1-800-559-3500 Current Members
	1-800-275-4737 Prospective Member		1-888-315-7226 Prospective Members
<b>Network Provider</b>	Brown & Toland, Hills Physicians		*Brown and Toland; Hills Physicians
<b>Network Hospital</b>	CPMC; St. Francis; St. Mary's.		*CPMC, St. Francis, St. Mary's, Seton
<b>Physician Visit</b>	\$0 copay for primary care or specialist.		\$0 copay for primary care or specialist.
<b>Inpatient Hospital</b>	\$2200/stay		coming soon
<b>Outpatient Surgery</b>	20% / visit		20% / visit
<b>DME</b>	DME 20%, dialysis In-Network 20%, Diabetes \$0		DME 20% per item, dialysis In-Network 20%, diabetes \$0
<b>Mental Health</b>	*Inpatient: \$90 copay for days 1-15. \$0 per day days 16-90.  Outpatient group/individual therapy: 20%		*Inpatient: Coming soon. Outpatient: \$0 of the cost for group and individual therapy visits.
<b>Ambulance Service</b>	20% of cost		20%
<b>Emergency Care</b>	\$120; waived if admitted into hospital. Worldwide (always covered), \$65 urgent care (always covered)		20% worldwide. (always covered), urgent 20% (always covered)
<b>Diagnostic Test, X-Ray &amp; Lab Service</b>	\$0 or 20% for diagnostic tests, \$0 lab, 20% outpatient x-ray, and 20% therapeutic radiology services.		\$0 for lab services, 20% for diagnostic procedures and tests, x-rays, radiology services, and therapeutic radiology services.

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<b>Prescription Drugs Copay (per 30-31 Days)</b>	Tier 1: Preferred Generic: \$0 (preferred pharmacies) Tier2: Non Preferred Generic: \$20 Tier 3: Preferred Brand: \$47 Tier 4: Non-Preferred Brand: 44% Tier 5: Specialty Tier: 25% coinsurance Select: \$0 20% for chemo or Part B drugs		Tier 1: Preferred generic: \$0 (preferred pharmacy) Tier 2: Non-preferred generic: 25% Tier 3: Preferred brand: 25% Tier 4: Non-preferred brand: 25% Tier 5: Specialty: 25% Chemo and Part B drugs 0-20%
<b>Other</b>	Preventive Dental \$0, Comprehensive dental varies, Hearing \$0. Hearing aids \$0. Eye exam \$0. Eyeglasses \$0. Some transportation. Some fitness. Some chiropractor. Some accupuncture. Some OTC. Some telehealth.		Acupuncture/Chiropractic: \$5 (30 visits per year combined) Personal Response System \$15/month. Hearing 20%, vision \$0, preventive dental \$0, transportation \$0 with limits, fitness, \$0 podiatry (6 visits/year), OTC \$50/quarter, in-home care (w/limitations).

This is only a guide. Call your doctor, the plan directly or contact HICAP at 1-800-432-0222

	<b>UnitedHealthcare</b>	<b>Imperial</b>	<b>Alignment Health Plan</b>
<b>Plan Name</b>	<b>United Healthcare Medicare Complete Assure (H0543-183)</b>	<b>Imperial Traditional Plus (H5496-009)</b>	<b>Alignment Health Plan Cal Plus (H3815-009)</b>
<b>Monthly Premium</b>	\$0.00	\$0	\$0.00
<b>MOOP</b>	\$7,550	\$2,999	\$4,900
<b>Phone Number</b>	1-844-808-4553 Current Members 1-800-555-5757 Prospective Member	1-800-838-8271 current members 1-800-838-5914 prospective members	1-866-634-2247 current members 1-888-979-2247 prospective members
<b>Network Provider</b>	<a href="http://www.uhcmedicareolutions.com">www.uhcmedicareolutions.com</a>	<a href="http://www.imperialhealthplan.com">www.imperialhealthplan.com</a>	<a href="http://www.alignmenthealthplan.com">www.alignmenthealthplan.com</a>
<b>Network Hospital</b>	<a href="http://www.uhcmedicareolutions.com">www.uhcmedicareolutions.com</a>	<a href="http://www.imperialhealthplan.com">www.imperialhealthplan.com</a>	<a href="http://www.alignmenthealthplan.com">www.alignmenthealthplan.com</a>
<b>Physician Visit</b>	20% primary 20% specialist. \$1480 per stay, \$0 days 91+	20% primary, 20% specialist coming soon	\$0 primary, \$0 specialist coming soon
<b>Inpatient Hospital</b>			
<b>Outpatient Surgery</b>	\$0-20%, coinsurance cost sharing for additional plan covered services will apply.	20%	20%
<b>DME</b>	DME 20%, dialysis in-network 20%	20%, dialysis in-network 20%, d	20%, dialysis in-network 20%, diabetes \$0

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<b>Mental Health</b>	*Inpatient: \$1340 deductible \$0 copay for days 1-60. \$335 days 61-90, \$670 days 91-150. \$55/day for partial hospitalization. Outpatient: 20%.	outpatient 20%	outpatient 20%
<b>Ambulance Service</b>	20% ground, 20% air	20%	20%
<b>Emergency Care</b>	\$90 (always covered), \$0 worldwide service; urgent care \$65, \$0 worldwide service.	emergency 20%, urgent 20%	emergency 20%, urgent 20%
<b>Diagnostic Test, X-Ray &amp; Lab Service</b>	\$0 Non-radiological diagnostic tests and procedure, \$0 lab services, 20% x-ray, \$0-20% Medicare-covered diagnostic radiation, 20% outpatient x-rays	tests 20%, lab 20%, x-rays 20%, diagnostic radiation 20%	tests 20%, lab 20%, x-ray \$0, diagnostic radiation \$0
<b>Prescription Drugs Copay (per 30-31 Days)</b>	Initial coverage phase: generic 25% Gap coverage phase: generic 25% brand-name 25%  Part B drugs : \$0-20% chemo drugs: 20%	Tier 1: Preferred generic: 0% (preferred pharmacy) Tier2: Non-preferred generic: 25% Tier 3: Preferred brand: 25% Tier 4: Non-preferred brand: 25% Tier 5: Specialty: 25%  20% for Part-B drugs or Chemo drugs	Tier 1: Preferred generic: 0% (preferred pharmacy) Tier2: Non-preferred generic: \$20 Tier 3: Preferred brand: 25% Tier 4: Non-preferred brand: 25% Tier 5: Specialty: 25% select \$5 Chemo or Part-B drugs 20%
<b>Other</b>	\$0 Nurseline, fitness, \$20% hearing exam, \$0 eye exam, \$0. \$20 podiatrist, hearing aids \$0 each by HealthInnovations, \$0 24 1-way trips, OTC \$50 /quarter. \$0 personal emer response system.		Hearing exam \$0, Hearing aids \$0 with limits, preventive dental \$0, comprehensive dental \$0, vision exam \$0, glasses \$0 with limits, some chiropractor, some accupuncture, some fitness, some transportation, some OTC and some telehealth.
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