

2023 San Francisco Medicare Advantage Plans - HMO

	Kaiser Permanente		SCAN	United Health	
Plan Name	Kaiser Permanente Senior Advantage Basic SF (H0524-060-0)	Kaiser Permanente Senior Advantage Alam., SF, Napa (H0524-032-0)	SCAN Classic (H5425-019-0)	UnitedHealthcare Canopy (HMO-POS) (H0543-191-0)	UnitedHealthcare Medicare Advantage Assure (H0543-183-0)
Monthly Premium	\$0.00	70.00	\$33.00	\$19.00	27.5 (Part D deductible \$ 505.00)
Website	https://healthy.kaiserpermanente.org	https://healthy.kaiserpermanente.org	https://www.scanhealthplan.com	https://cchphealthplan.com	https://cchphealthplan.com
MOOP	\$6,000 In-network	\$3,900 In-network	\$5,000 In-network	\$2900 In-network	\$8,300 In-network
Contact	1-800-443-0815 Current Members 1-800-777-1238 Prospective Member	1-800-443-0815 Current Members 1-800-777-1238 Prospective Member	1-800-559-3500 Current Member 1-888-315-7226 Prospective Member	1-866-261-7709 Current Members 1-800-555-5757 Prospective Member	1-866-261-7709 Current Members 1-800-555-5757 Prospective Member
Network Provider	Kaiser providers	Kaiser providers	Brown & Toland, Imperial Health Plan of SF	Hills Physicians Medical Group Dignity Health	Sutter West Bay Medical Group, Assure, Brown and Toland
Network Hospital	Kaiser hospitals	Kaiser hospitals	St Francis, St. Mary's, CPMC-Mission Bernal, California campus, Davis, Pacific, UCSF, Chinese Hospital	UCSF, St. Mary's, Chinese Hospitals, St. Francis	UCSF Medical Center, St Mary's, CPMC Ca
Physician Visit	\$5 primary care. \$15 specialist.	\$0 primary. \$10 specialist	\$0 primary. \$10 specialist	\$0 primary care. \$10 specialist.	20% coinsurance primary. 20% coinsurance specialist.
Inpatient Visit	\$265 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$195 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$250 per day for days 1 through 7 \$0 per day for days 8 through 90	In – network: \$125 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$1,556 per stay \$0 per day for days 91 and beyond
Outpatient Surgery	\$0-250	\$0-180	\$10-200	In – network: \$0 – 195	0-20% coinsurance
DME	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0	DME, Prosthetics: 0-20% per item, Dialysis In-network: 20%, Diabetes: \$0.	In – network: DME: 20% per item, Dialysis: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.	DME: 20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
Mental Health	Outpatient group therapy with a psych: \$0-2 Outpatient individual therapy with a psych: \$0-5 Outpatient group therapy: \$2 Outpatient individual therapy: \$5	Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with a psych: \$15 Outpatient group/individual therapy: \$25	In – network: Outpatient group therapy with a psych: \$15 Outpatient individual therapy with a psych: \$25 Outpatient group therapy: \$15 Outpatient individual therapy: \$25	Outpatient group/individual therapy: 20% coinsurance
Ambulance Service	\$200.00	\$200.00	\$175.00	\$250.00	20% coinsurance
Emergency Service	\$110 Emergency care. \$5 Urgent care.	\$110 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$35 Urgent care.	\$90 Emergency care. \$40 Urgent care.	\$90 Emergency care. \$40 Urgent care.
Diagnostic Test, X-Ray & Lab Services	\$0 for Diagnostic test & procedures, Lab Service. \$5 for X- Ray, Diagnostic radiology services \$5-\$195	\$0 for Diagnostic test & procedures, X- Ray, Lab Service. \$0-195 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, X- Ray, Lab Service, \$60 for Diagnostic radiology services	In – network: \$0 for Diagnostic test & procedures, Lab Service. \$15 for X – rays. \$0 - 75 for Diagnostic radiology services	\$0 for Diagnostic test & Lab Service. 0 – 20% for Diagnostic radiology services. 20% for X – rays.
Perscription Drugs Copay	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$12 Tier 4: Non – preferred brand: \$12 Tier 5: Specialty: \$12 Tier 6: Vaccines: \$0 Chemo and Part B covered drugs: \$0-45 copay or 20% coinsurance, all other drugs pay 25%	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$12 Tier 4: Non – preferred brand: \$12 Tier 5: Specialty: \$12 Tier 6: Vaccines: \$0 Chemo and Part B covered drugs: \$0-45 copay or 20% coinsurance, all other drugs pay 25%	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$95 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance Chemo drugs: 20% coinsurance, Part B covered drugs: 0 – 20% coinsurance	Tier 1: Generic: 25% coinsurance Tier 2: Brand – name: 25% coinsurance Chemo drugs: 20% coinsurance, Part B covered drugs: 0 – 20% coinsurance
Other	Preventive dental covered Comprehensive dental some Hearing exam: \$15, Hearing aids: \$0, Eye exam: \$5, Eyeglasses: \$0, some fitness, some telehealth, some acupuncture. Optional dental package: \$14.	Preventive dental: \$0 Comprehensive dental some Hearing exam: \$10, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, no chiropractic, some acupuncture. Optional dental package: \$14.	Hearing exam: \$10, Hearing aids: \$450-750, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture, Optional dental package \$ 6, \$ 16	Hearing exam: \$0 copay, Hearing aids: \$175 -1225, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some transportation.	Hearing exam: 20% coinsurance, Hearing aids: \$0, Eye exam: \$ 0 copay, Eyeglasses: \$0, some fitness, some telehealth.

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	Aetna			Anthem	
Plan Name	Aetna Medicare Select Plan (H0523-070-0)	Aetna Medicare Plus Plan (H4982-007-0)	Aetna Medicare Eagle Plan (H4982-013-0)	Anthem MediBlue Select (H0544-069-0)	Anthem MediBlue Prime (H4161-004-0)
Monthly Premium	\$0.00	\$0.00	\$0.00(without drug coverage)	\$0.00	\$0.00
Website	https://www.aetnamedicare.com	https://www.aetnamedicare.com	https://www.aetnamedicare.com	https://shop.anthem.com	https://shop.anthem.com
MOOP	\$2,500 In – network	\$3,400 In – network	\$4,200 In – network	\$7,550 In-network	\$4,900 In-network
Contact	1-833-570-6670 Current Members 1-833-859-6031 Prospective Member	1-833-570-6670 Current Members 1-833-859-6031 Prospective Member	1-833-570-6670 Current Members 1-833-859-6031 Prospective Member	1-888-230-7338 Current Members 1-855-593-0898 Prospective Member	1-888-230-7338 Current Members 1-855-593-0898 Prospective Member
Network Provider	Brown & Toland HMO, American Specialty Health Plan	Brown & Toland HMO, American Specialty Health Plan	Brown & Toland HMO, One Medical Group	NEMS, Brown & Toland, AAMG, Imperial	NEMS, Brown & Toland, AAMG, Imperial
Network Hospital	Chinese Hospital, St Mary's, St Francis, St Luke	Chinese Hospital, St Mary's, St Francis, St Luke	Chinese Hospital, St Mary's, St Francis, St Luke	Chinese Hospital, St. Mary's, Kentfield	Chinese Hospital, St. Mary's, Kentfield
Physician Visit	\$0 primary. \$0 specialist	\$0 primary. \$0 specialist	\$0 primary. \$10 specialist	\$5 primary care. \$20 specialist.	\$0 primary care. \$25 specialist.
Inpatient Visit	\$100 per day for days 1 through 5 \$0 per day for days 6 through 90	\$150 per day for days 1 through 5 \$0 per day for days 6 through 90	\$50 per day for days 1 through 3 \$0 per day for days 4 through 90	\$360 per day for days 1 through 4 \$0 per day for days 5 through 90	\$250 per day for days 1 through 4 \$0 per day for days 5 through 90
Outpatient Surgery	\$0 – 125	\$0 – 125	\$0-50	\$0-350	\$0-250
DME	DME: 20% per item, Dialysis in-network: 20% per item, Prosthetics: 20% Diabetes: 0 – 20%.	DME: 20% per item, Dialysis in-network: 20% per item, Prosthetics: 20% Diabetes: 0 – 20%.	DME: 20% per item, Dialysis in - network: 20% per item, Prosthetics: 20% per item, Diabetes: 0 – 20%.	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: \$0 copay or 20% per item, Diabetic \$ 0 copay	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
Mental Health	Outpatient group/individual therapy: \$10	Outpatient group/individual therapy: \$10	Outpatient group/individual therapy: \$25	Outpatient group/individual therapy: \$40	Outpatient group/individual therapy: \$40
Ambulance Service	\$295	\$325	\$275	\$300	\$250
Emergency Service	\$125 Emergency care. \$0 Urgent care.	\$125 Emergency care. \$0 Urgent care.	\$110 Emergency care. \$10 Urgent care.	\$90 Emergency care. \$35 Urgent care.	\$90 Emergency care. \$35 Urgent care.
Diagnostic Test, X-Ray & Lab Services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, \$0 – 100 Diagnostic radiology services	\$0-120 for Diagnostic test & procedures, \$0-50 for X- Ray, \$0-5 Lab Service. \$65-165 for Diagnostic radiology services	\$0-50 for Diagnostic test & procedures, \$10 for X- Ray, \$0-10 Lab Service. \$175 for Diagnostic radiology services
Perscription Drugs Copay	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$99 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 20% coinsurance All others should be 25%	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$99 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 20% coinsurance All others should be 25%	No drug coverage Chemo and Part B covered drugs: 20% coinsurance All others should be 25%	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$95 Tier 5: Specialty: 33% Chemo and Part B covered drugs: 20% coinsurance All other drugs pay 25%.	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$95 Tier 5: Specialty: 33% Chemo and Part B covered drugs: 20% coinsurance All other drugs pay 25%.
Other	Preventive dental: \$0 Comprehensive dental: \$0 Hearing exam: \$0, Hearing aids: \$ 0 copay, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Preventive dental: \$0 Comprehensive dental: \$0 Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Preventive dental: \$0 Comprehensive dental: \$0 Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Preventive dental some Hearing exam: \$ 20 copay, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some OTC, some acupuncture. Optional dental package just put \$ 12, \$ 31 and \$ 48. .	Hearing exam: \$25, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some OTC, No cupuncture. Optional dental package \$12, \$ 31 and \$ 48

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Plan Name	Alignment				Chinese Community Health Plan
	Alignment Health Harmony (H3815-031-0)	Alignment Health My Choice CalPlus (H3815-007-0)	Alignment Health CalPlus + Veterans (H3815-036-0)	Alignment Health Sutter Advantage (H3815-023-0)	CCHP Senior Program (H0571-001)
Monthly Premium	\$0.00	\$0.00	\$ 0.00 (\$ 505 drug deductible)	\$48.00	\$42.00
Website	https://www.alignmenthealthplan.com	https://www.alignmenthealthplan.com	https://www.alignmenthealthplan.com	https://www.alignmenthealthplan.com	https://cchphealthplan.com
MOOP	\$2900 In – network	\$3,000 In – network	\$5,900 In – network	\$3,900 In – network	\$6700 In-network
Contact	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-888-775-7888 Current Members 1-888-681-3888 Prospective Member
Network Provider	see website for network providers	Alignment Health Plan Network, Imperial Health Plan of Ca.	see website for network providers	Sutter Westbay Meedical Grp, Alignment Health Plan Network,	Jade Medical Group, Access Medical Group
Network Hospital	Chines Hospital, St Francis, CPMC, St. Mary's UCSF	Chines Hospital, St Francis, CPMC, St. Mary's UCSF	Chines Hospital, St Francis, CPMC, St. Mary's UCSF	Chines Hospital, St Francis, CPMC, St. Mary's UCSF	Chines Hospital, St. Francis, CPMC, Seton, Dignity Health, Stanford Health
Physician Visit	\$0 primary care. \$0 specialist.	\$0 primary care. \$0 specialist.	\$0 primary care. \$0 specialist.	\$5 primary. \$25 specialist	\$0 primary care. \$15 specialist.
Inpatient Visit	\$0 per day for days 1 through 4 \$100 per day for days 5 through 10 \$0 per day for days 11 through 90 \$0 per day for days 91 and beyond	\$0 per day for days 1 through 4 \$100 per day for days 5 through 10 \$0 per day for days 11 through 90 \$0 per day for days 91 and beyond	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$225 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	Tier 1 \$100 per day for days 1 through 7 \$0 per day for days 8 through 90 (only Chinese Hospital) Tier 2 \$305 per day for days 1 through 7 \$0 per day for days 8 through 90
Outpatient Surgery	\$200	\$200	\$0.00	\$250	\$100-310
DME	DME: 20% per item, Dialysis in-network: \$30, Prosthetics: 20% per item, Diabetes: \$0.	DME: 20% per item, Dialysis in-network: 20% per item, Prosthetics: 20% per item, Diabetes: \$0.	DME: 20% per item, Dialysis in-network: 20% per item, Prosthetics: 20% per item, Diabetes: \$0.	DME: 0-20% per item, Dialysis in-network: 20% per item, Prosthetics: 20% per item, Diabetes: \$0	DME: 20% per item, Dialysis in - network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
Mental Health	Outpatient group therapy with a psych: \$40 Outpatient individual therapy with a psych: \$40 Outpatient group therapy: \$0 Outpatient individual therapy: \$0	Outpatient group therapy with a psych: \$40 Outpatient individual therapy with a psych: \$40 Outpatient group therapy: \$0 Outpatient individual therapy: \$0	Outpatient group/individual therapy: 20% coinsurance	Outpatient group therapy with a psych: \$40 Outpatient individual therapy with a psych: \$40 Outpatient group therapy: \$0 Outpatient individual therapy: \$0	Outpatient group/individual therapy: \$15
Ambulance Service	\$175.00	\$175.00	20% coinsurance	\$250.00	\$265.00
Emergency Service	\$85 Emergency care. \$0 Urgent care.	\$85 Emergency care. \$0 Urgent care.	20% coinsurance for Emergency care, Urgent care.	\$90 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$45 Urgent care.
Diagnostic Test, X-Ray & Lab Services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & Lab Service. \$150 for Diagnostic radiology services. \$15 for X – rays.	\$0 for Diagnostic test & procedures, X- Ray, Lab Service. \$200 for Diagnostic radiology services
Perscription Drugs Copay	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$3 Tier 3: Preferred brand: \$40 Tier 4: Non – preferred brand: \$93 Tier 5: Specialty: 33% coinsurance Tier 6: Select care: \$3.00 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$3 Tier 3: Preferred brand: \$40 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance Tier 6: Select care: \$5.00 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$20 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 25% Tier 5: Specialty: 25% coinsurance Tier 6: Select care: \$5.00 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$5 Tier 3: Preferred brand: \$40 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance Tier 6: Select care: \$5.00 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$7 Tier 3: Preferred brand: \$40 Tier 4: Non – preferred brand: \$60 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 20% coinsurance
Other	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$27.	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$27.	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$27.	Hearing exam: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$27.	Hearing exam: \$20, Hearing aids: \$600 – 2075, Eye exam: \$20, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$10.

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	Brand New Day			Wellcare	
Plan Name	Brand New Day Valor Care Plan (H0838-048-0)	Brand New Day Classic Care II Plan (H0838-051-1)	Brand New Day Classic Care I Plan (H0838-050-2)	Wellcare No Premium (H0562-097-0)	Wellcare Premium Ultra (H0562-009-0)
Monthly Premium	\$0.00 (without drug coverage) Part B premium deduction	\$0.00 (\$50 drug deductible)	\$38.90	\$0.00	\$133.00 (\$200 drug deductible)
Website	https://www.bndhmo.com	https://www.bndhmo.com	https://www.bndhmo.com	https://wellcare.healthnetcalifornia.com	https://wellcare.healthnetcalifornia.com
MOOP	\$3,000 In-network	\$1,500 In-network	\$3,650 In-network	\$4,400 In-network	\$6,700 In-network
Contact	1-866-255-4795 Current Members 1-888-683-1882 Prospective Member	1-866-255-4795 Current Members 1-888-683-1882 Prospective Member	1-866-255-4795 Current Members 1-888-683-1882 Prospective Member	1-800-275-4737 Current Members 1-844-917-0175 Prospective Member	1-800-275-4737 Current Members 1-844-917-0175 Prospective Member
Network Provider	AAMG, Hills Physicians Medical Group, ACCESS	AAMG, Hills Physicians Medical Group,s, ACCESS	AAMG, Hills Physicians Medical Group, ACCESS	Brown & Toland, AAMG, NEMS	Brown and Toland, AAMG, Hills Physicians
Network Hospital	CPMC,(Davies, Van Ness, Pacific), St. Francis, St. Mary's	CPMC,(Davies, Van Ness, Pacific), St. Francis, St. Mary's	CPMC,(Davies, Van Ness, Pacific), St. Francis, St. Mary's	CPMC-Davies and Mission Bernal, St Mary's, St Francis	HillsPhysicians -UCSF, CPMC, St Mary's, St. Francis
Physician Visit	\$0 primary care. \$0 specialist.	\$0 primary. \$10 specialist	\$0 primary. \$0 specialist	\$5 primary care. \$20 specialist.	\$10 primary. \$15 specialist
Inpatient Visit	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$150 per day for days 1 through 6 \$0 per day for days 7 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$275 per day for days 1 through 6 \$0 per day for days 7 through 90 \$0 per day for days 91 through 180	\$325per day for days 1 through 6 \$0 per day for days 7 through 90 \$0 per day for days 91 through 180
Outpatient Surgery	0-20% coinsurance	\$0-150 copay	0-20% coinsurance	\$275.00 copay	\$350.00
DME	DME, Prosthetics: 0-20% per item, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics: 0-20% per item, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics: 0-20% per item, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$0.
Mental Health	Outpatient group/individual therapy: \$0	Outpatient group therapy with a psych: 20% Outpatient individual therapy with a psych: \$10 Outpatient group therapy: \$10 Outpatient individual therapy: \$10	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy: \$25 with or without psychiatrist	Outpatient group/individual therapy: \$25
Ambulance Service	\$0-75	\$0-200	0-20% coinsurance	\$255.00	\$250.00
Emergency Service	\$0-90 Emergency care. \$0 Urgent care.	\$0-100 Emergency care. \$0 Urgent care.	\$0-100 Emergency care. \$0 Urgent care.	\$110 Emergency care. \$20 Urgent care.	\$95 Emergency care. \$15 Urgent care.
Diagnostic Test, X-Ray & Lab Services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service; \$0-50 for Diagnostic radiology services	0-20% for Diagnostic test & procedures, Diagnostic radiology services, 20% for X-Ray, \$0 for Lab Service	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, \$0-\$275 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, \$0-350 for Diagnostic radiology services
Perscription Drugs Copay	No drug coverage Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 32% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$37 Tier 4: Non – preferred brand: \$90 Tier 5: Specialty: 33% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$5 Tier 3: Preferred brand: \$37 Tier 4: Non – preferred brand: \$90 Tier 5: Specialty: 29% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 20% coinsurance
Other	Hearing exam: \$0, Hearing aids: \$149, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Hearing exam: \$0, Hearing aids: \$699-999, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Hearing exam: \$0, Hearing aids: \$149, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Hearing exam: \$20, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture.	Hearing exam: \$15, Hearing aids: not covered, Eye exam: \$0, Eyeglasses: not covered, some fitness, some telehealth, Optional dental package: \$26.

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Plan Name	Imperial				Chinese Community Health Plan
	Imperial Dynamic Plan (H5496-012-0)	Imperial Traditional (H5496-007-0)	Imperial Courage Plan (H5496-016-0)	Imperial Strong (H5496-014-0)	CCHP Senior Value Program (H0571-007-0)
Monthly Premium	\$0.00	\$0.00	\$0.00 (without drug coverage)	\$0.00 (\$226 health deductible, \$505 drug deductible) Part B premium deduction	\$0.00
Website	https://imperialhealthplan.com	https://imperialhealthplan.com	https://imperialhealthplan.com	https://imperialhealthplan.com	https://cchphealthplan.com
MOOP	\$899 In-network	\$2,999 In-network	\$2,999 In-network	\$8,300 In-network	\$7,550 In-network
Contact	1-800-838-8271 Current Members 1-800-838-5914 Prospective Member	1-800-838-8271 Current Members 1-800-838-5914 Prospective Member	1-800-838-8271 Current Members 1-800-838-5914 Prospective Member	1-800-838-8271 Current Members 1-800-838-5914 Prospective Member	1-888-775-7888 Current Members 1-888-681-3888 Prospective Member
Network Provider	Imperial Holding, Brown a& Toland	Imperial Holding, Brown a& Toland	Imperial Holding, Brown a& Toland	Imperial Holding, Brown a& Toland	Jade Medical Group, Access Medical Group
Network Hospital	UCSF (Imperial Holdings), St. Mary's, St. Francis, Sutter (Van Ness)	UCSF (Imperial Holdings), St. Mary's, St. Francis, Sutter (Van Ness)	UCSF (Imperial Holdings), St. Mary's, St. Francis, Sutter (Van Ness)	UCSF (Imperial Holdings), St. Mary's, St. Francis, Sutter (Van Ness)	Chines Hospital, St. Francis, CPMC, Seton, Dignity Health, Stanford Health
Physician Visit	\$0 primary care. \$0 specialist.	\$0 primary. \$10 specialist	\$5 primary. \$10 specialist	20% coinsurance primary. 20% coinsurance specialist	\$0-5 primary. \$20 specialist
Inpatient Visitl	\$0	\$150 per day for days 1 through 5 \$0 per day for days 6 through 90	\$150 per day for days 1 through 5 \$0 per day for days 6 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	Tier 1 \$150 per day for days 1 through 7 \$0 per day for days 8 through 90 Tier 2 \$315 per day for days 1 through 7 \$0 per day for days 8 through 90
Outpatient Surgery	\$0.00	\$0.00	0%	20% coinsurance	\$230-310
DME	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$ 0 copay	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: 20% coinsurance	DME: 20% per item, Dialysis in - network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
Mental Health	Outpatient group/individual therapy with a psych: \$0 Outpatient group/individual therapy: 20%, 20%/visit	Outpatient group/individual therapy with a psych: \$0 Outpatient group/individual therapy: 20%	Outpatient group/individual therapy with a psych: \$0 Outpatient group/individual therapy: 20%	Outpatient group/individual therapy: 20% coinsurance	Outpatient group/individual therapy: \$20
Ambulance Service	\$125.00	\$150.00	\$150.00	\$20% coinsurance	\$265.00
Emergency Service	\$100 Emergency care. \$0 Urgent care.	\$100 Emergency care. \$20 Urgent care.	\$100 Emergency care. \$20 Urgent care.	\$20% coinsurance Emergency care. \$20% coinsurance Urgent care.	\$90 Emergency care. \$45 Urgent care.
Diagnostic Test, X-Ray & Lab Services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$20% for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service. \$200 for Diagnostic radiology services
Perscription Drugs Copay	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$3 Tier 3: Preferred brand: \$30 Tier 4: Non – preferred brand: \$75 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$5 Tier 3: Preferred brand: \$45 Tier 4: Non – preferred brand: \$90 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: \$) copay	No drug coverage Chemo and Part B covered drugs: \$0	Tier 1: Generic: 25% coinsurance Chemo and Part B covered drugs: 20% coinsurance	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 31% coinsurance Chemo and Part B covered drugs: 20% coinsurance
Other	Hearing exam: 20%, Hearing aids: 20%, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth.	Hearing exam: 20%, Hearing aids: 20%, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth.	Hearing exam: 20%, Hearing aids: 20%, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth.	Hearing exam: 20%, Hearing aids: 20%, Eye exam: \$0, Eyeglasses: \$0, no fitness, some telehealth, prev and comp dental \$ 0	Hearing exam: \$20, Hearing aids: \$600 – 2075, Eye exam: \$35, Eyeglasses: \$0, some fitness, some telehealth. Optional dental package: \$18.

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Draft: 10/21/2022

2023 San Francisco Medicare Advantage Plans - PPO

	Aetna		Anthem	Humana	United Health	
Plan Name	Aetna Medicare Eagle Plus Plan (H5521-369-0)	Aetna Medicare Elite Plan (H5521-293-0)	Anthem MediBlue Access (H8552-029-0)	HumanaChoice H5525-055 (H5525-055-0)	AARP Medicare Advantage Choice Plan 1 (H4829-004-0)	AARP Medicare Advantage Choice Plan 2 (H4829-016-0)
Monthly Premium	\$0.00(without drug coverage)	\$0.00(\$750 annual deductible)	\$30 (\$590 annual deductible, \$370 drug deductible)	\$27 (\$550 annual deductible, \$250 drug deductible)	\$45.00	\$0 (\$300 annual deductible)
Website	https://www.aetnamedicare.com	https://www.aetnamedicare.com	https://shop.anthem.com	https://www.humana.com	https://www.aarpmedicareplans.com	https://www.aarpmedicareplans.com
MOOP	\$9,500 In and Out-of-network \$6,700 In-network	\$8,950 In and Out-of-network \$5,500 In-network	\$10,000 In and Out-of-network \$6,700 In-network	\$10,000 In and Out-of-network \$6,500 In-network	\$8,700 In and Out-of-network \$5,900 In-network	\$10,000 In and Out-of-network \$6,700 In-network
Contact	1-800-282-5366 Current Members 1-833-859-6031 Prospective Member	1-800-282-5366 Current Members 1-833-859-6031 Prospective Member	1-877-811-3107 Current Members 1-855-768-1053 Prospective Member	1-800-457-4708 Current Members 1-800-833-2364 Prospective Member	1-866-261-7709 Current Members 1-800-555-5757 Prospective Member	1-866-261-7709 Current Members 1-800-555-5757 Prospective Member
Network Provider	see website for providers	see website for providers	NEMS, Sutte Pacific Medical Foundation, Hills Physicians	see website for network providers	Carbon Health, Dignity Health	CarbonHealth, Dignity Health, Palo Alto Medical Foundation
Network Hospital	Chinese Hospital, St Mary's, St Francis	Chinese Hospital, St Mary's, St Francis	Chinese Hospital, CPMC, St. Mary's, St Lukes	CPMC	UCSF, St. Mary's, CPMC	UCSF, St. Mary's, CPMC
Physician Visit	Primary: In-network: \$0 copay, Out-of-network: 50% coinsurance Specialist: In-network: \$40 copay Out-of-network: 50% coinsurance	Primary: In-network: \$0 copay, Out-of-network: \$25 copay per visit Specialist: In-network: \$25 copay per visit Out-of-network: \$65 copay per visit	Primary: In-network: \$10 copay per visit Out-of-network: \$30 copay per visit Specialist: In-network: \$35 copay per visit Out-of-network: \$50 copay per visit	Primary: In-network: \$0 copay Out-of-network: \$25-60 copay per visit Specialist: In-network: \$30 copay per visit Out-of-network: \$60 copay per visit	Primary: In-network: \$0 copay per visit Out-of-network: \$0 copay per visit Specialist: In-network: \$35 copay per visit Out-of-network: \$50 copay per visit	Primary: In-network: \$0 copay Out-of-network: \$0 copay Specialist: In-network: \$45 copay per visit Out-of-network: \$65 copay per visit
Inpatient Visit	In-network: \$430 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: 50% per stay	In-network: \$325 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: 45% per stay	In-network: \$175 per day for days 1 through 7 \$0 per day for days 8 through 90 Out-of-network: 40% per stay	In-network: \$300 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond Out-of-network: 45% per stay	In-network: \$300 per day for days 1 through 4 \$0 per day for days 5 through 90 \$0 per day for days 91 and beyond Out-of-network: \$500 per day for days 1 through 17 \$0 per day for days 18 and beyond	In-network: \$300 per day for days 1 through 4 \$0 per day for days 5 through 90 \$0 per day for days 91 and beyond Out-of-network: \$500 per day for days 1 through 20 \$0 per day for days 21 and beyond
Outpatient Surgery	In-network: \$0-350 Out-of-network: 50% coinsurance	In-network: \$0-295 Out-of-network: 45% coinsurance	In-network: \$0-175 copay per visit Out-of-network: 40% coinsurance	In-network: \$0-295 copay or 40% coinsurance Out-of-network: 40-45% coinsurance	In-network: \$0-275 copay per visit Out-of-network: \$500 copay per visit	In-network: \$0-275 copay per visit Out-of-network: \$500 copay per visit
DME	In-network: DME, Prosthetics- 40% Dialysis: 20% coinsurance per item; Diabetes: 0 – 20%. Out-of-network: DME& Prosthetics 45% coinsurance per item, Dialysis: 50%, Diabetes: 0 – 20%.	In-network: DME, Prosthetics 40% coinsurance Dialysis: 20% coinsurance per item; Diabetes: 0 – 20%. Out-of-network: DME& Prosthetics 45% coinsurance per item, Dialysis: 50%, Diabetes: 0 – 20%.	In-network: DME: 0-20%, Prosthetics, Dialysis: 20% Diabetes: \$0. Out-of-network: DME, Prosthetics, Diabetes, Dialysis: 40%.	In-network: DME, Prosthetics, Diabetes: 9% coinsurance per item, Dialysis: 20%. Out-of-network: DME, Prosthetics, Diabetes: 15% coinsurance per item; Dialysis: 20%.	In-network: DME, Prosthetics, Dialysis: 20%, Diabetes: \$0 Out-of-network: DME, Prosthetics, Diabetes, Dialysis: 20-50%.	In-network: DME, Prosthetics, Dialysis: 20%, Diabetes: \$0 Out-of-network: DME, Prosthetics, Diabetes, Dialysis: 20-50%.
Mental Health	Outpatient individual/group therapy with a psychiatrist and individual/group therapy visit In-network: \$40 copay Out-of-network: 50% coinsurance	Outpatient individual/group therapy with a psychiatrist and individual/group therapy visit In-network: \$40 copay Out-of-network: 45% coinsurance	Outpatient individual/group therapy with a psychiatrist and individual/group therapy visit In-network: \$20 copay Out-of-network: \$50	Outpatient individual/group therapy with a psychiatrist and individual/group therapy visit In-network: \$30 copay Out-of-network: 40% coinsurance	In-network: Outpatient group visit: \$15 Outpatient individual visit: \$25 Out-of-network: Outpatient group/individual therapy: \$30-40	In-network: Outpatient group visit: \$15 Outpatient individual visit: \$25 Out-of-network: Outpatient group/individual therapy: \$30-40
Ambulance Service	In-network: \$265 copay Out-of-network: \$265 copay	In-network: \$285 copay Out-of-network: \$285 copay	In-network: \$325 copay Out-of-network: \$325 copay	In-network: \$250 copay Out-of-network: \$250 copay	In-network: \$250 copay Out-of-network: \$250 copay	In-network: \$250 copay Out-of-network: \$250 copay
Emergency Service	\$95 Emergency care. \$40 Urgent care.	\$110 Emergency care. \$40 Urgent care.	\$90 Emergency care. \$30 Urgent care	\$95 Emergency care. \$30 Urgent care.	\$90 Emergency care. \$40 Urgent care.	\$90 Emergency care. \$40 Urgent care.

Diagnostic Test, X-Ray & Lab Services	In – network: \$0 -10 for Diagnostic test & procedures, \$0 for X- Ray, Lab Service, \$0 – 150 for Diagnostic radiology services Out – of – network: 50% coinsurance	In network: \$0 for diagnostic test & Lab. \$0-200 for diagnostic radiology, \$0 for x-rays. Out-Of-Network: 45% for diagnostic test. \$25 for lab. 45% for diagnostic radiology. 45% for x-rays.	In-network: \$0-75 for Diagnostic test & procedures, \$0-5 Lab Services, \$25 for X-Ray, \$75 for Diagnostic radiology services Out-of-network: 40% coinsurance	In-network: \$0-40 for Diagnostic test & procedures, Lab Services, \$0-30 for X-Ray, \$0-200 for Diagnostic radiology services Out-of-network: 40-45% for Diagnostic test & procedures, \$10 or 40-50% for Lab Services, 40-45% for X- Ray, 40-45% for Diagnostic radiology services	Diagnostic test & procedures: In-network: \$30, Out-of-network: \$40 Lab Service: \$0 X- Ray: In-network: \$15, Out-of-network: \$20 Diagnostic radiology services: In-network: \$0-65\$, Out-of-network: \$160	In- network: Diagnostic test & procedures- \$30, Lab services -\$ 0 X- Ray \$ 15, Diagnostic radiology services \$ 0- \$ 65 Out-of-network : Diagnostic test & procedure - \$ 40, X-ray-\$ 20, Diagnostic radiology services \$ 160
Perscription Drugs Copay	No drug coverage 20% for In-network Part B-covered drugs and chemo. 50% for Out-of-network Part B-covered drugs and chemo.	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance 20% for In-network Part B-covered drugs and chemo. 45% for Out-of-network Part B-covered drugs and chemo.	Tier 1: Preferred generic: \$4 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: \$95 Tier 5: Specialty: 27% coinsurance Tier 6: Select care: \$0 20% for In-network Part B-covered drugs and chemo. 40% for Out-of-network Part B-covered drugs and chemo.	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 29% coinsurance 20% for In-network Part B-covered drugs and chemo. 40% for Out-of-network Part B-covered drugs and chemo.	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance 20% for In-network Part B-covered drugs and 0-20% chemo. 0-40% for Out-of-network Part B-covered drugs and chemo.	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% coinsurance 20% for In-network Part B-covered drugs and 0-20% chemo. 0-40% for Out-of-network Part B-covered drugs and chemo.
Other	In-network: Preventive dental, Comprehensive dental, Hearing exam, Hearing aids, Eye exam, Eyeglasses: \$0. Out-of-network: Preventive dental: 20%, Comprehensive dental: 20%, Hearing exam: \$,50% Hearing aids: \$0, Eye exam: 50%, Eyeglasses: \$0. some fitness, some telehealth, some OTC	In-network: Preventive dental, Comprehensive dental, Hearing exam, Hearing aids, Eye exam, Eyeglasses: \$0. Out-of-network: Preventive dental, Comprehensive dental, Hearing aids, Eyeglasses: \$0. Hearing exam, Eye exam: 45% some fitness, some telehealth, some OTC	Eye exam, Eyeglasses, Hearing aids: \$0 In-network: Hearing exam: \$35 Out-of-network: Hearing exam: 40% coinsurance some fitness, some telehealth Optional dental packages: \$22, \$34, \$56	Eye exam, Eyeglasses: \$0 In-network: Hearing exam: \$30, Hearing aids: \$499-799, Out-of-network: Hearing exam: \$60, Hearing aids: \$499-799, some fitness, some telehealth, some acupuncture, Optional dental packages: \$32.10	Eyeglasses: \$0, Hearing aids: \$175-1225 In-network: Hearing exam: \$0, Eye exam: \$0 Out-of-network: Hearing exam: \$50, Eye exam: \$50 some fitness, some telehealth, Optional dental packages: \$50	Eyeglasses: \$0, Hearing aids: \$175-1225 In-network: Hearing exam: \$0, Eye exam: \$0 Out-of-network: Hearing exam: \$65, Eye exam: \$65 some fitness, some telehealth, Optional dental packages: \$52

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