

## 2025 San Francisco Medicare Advantage Plans - HMO

	Kaiser Permanente		SCAN Health Plan		
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)	SCAN Affirm Partnered w LGBTQ & Health (H5425-107-0)	SCAN MyChoice (HMO) Plan ID: H5425-121-0
<b>Monthly Premium</b>	<b>\$0 (Part B Premium Reduction)</b>	<b>70.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Website</b>	<a href="https://healthy.kaiserpermanente.org">https://healthy.kaiserpermanente.org</a>	<a href="https://healthy.kaiserpermanente.org">https://healthy.kaiserpermanente.org</a>	<a href="https://www.scanhealthplan.com">https://www.scanhealthplan.com</a>	<a href="https://www.scanhealthplan.com">https://www.scanhealthplan.com</a>	<a href="https://www.scanhealthplan.com">https://www.scanhealthplan.com</a>
<b>MOOP</b>	\$6,000 In-network	\$3,400 In-network	\$2,400 In-network	\$2,600 In-network	\$2,400 In-network
<b>Contact</b>	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	1-800-559-3500 Current Member 1-888-315-7226 Prospective Member	1-800-559-3500 Current Member 1-888-315-7226 Prospective Member
<b>Network Provider</b>	Kaiser providers	Kaiser providers	Brown & Toland, All American Medical group, Access primary care medical group, Lucet Ca, Optum Verdugo	Brown & Toland, All American Medical group, Access primary care medical group, Lucet Ca, Optum Verdugo	Brown & Toland, All American Medical group, Access primary care medical group, Lucet Ca, Optum Verdugo
<b>Network Hospital</b>	Kaiser hospitals	Kaiser hospitals	CPMC, UCSF, St. Mary's, St. Francis, Chinese hospital etc...	CPMC, UCSF, St. Mary's, St. Francis, Chinese hospital etc...	CPMC, UCSF, St. Mary's, St. Francis, Chinese hospital etc...
<b>Physician Visit</b>	\$10 primary care. \$15 specialist.	\$0 primary. \$5 specialist	\$0 primary. \$0 specialist	\$0 primary care. \$0 specialist.	\$0 primary. \$0 specialist
<b>Inpatient Visit</b>	\$310 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$225 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$150 per day for days 1 through 7 \$0 per day for days 8 through 90	\$150 per day for days 1 through 7 \$0 per day for days 8 through 90	\$150 per day for days 1 through 7 \$0 per day for days 8 through 90
<b>Outpatient Surgery</b>	\$0-255	\$0-190	\$0-200	\$0-200	\$0-200
<b>DME</b>	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.	DME, Prosthetics: 0-20% per item, Dialysis In-network: 20%, Diabetes: \$0.	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 0-20% per item, Diabetic: \$0.
<b>Mental Health</b>	Outpatient group therapy with a psych: \$0-5 Outpatient individual therapy with a psych: \$0-10 Outpatient group therapy: \$5 Outpatient individual therapy: \$10	Outpatient group/individual therapy with a psych: \$0 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with a psych: \$10 Outpatient group/individual therapy: \$10	Outpatient group/individual therapy with a psych: \$15 Outpatient group/individual therapy: \$10	Outpatient group/individual therapy with a psych: \$15 Outpatient group/individual therapy: \$25
<b>Ambulance Service</b>	\$350.00	\$250.00	\$175.00	\$175.00	\$175
<b>Emergency Service</b>	\$125 Emergency care. \$10 Urgent care.	\$140 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$0 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	\$0 for Diagnostic test & procedures, \$0 Lab Service. \$20 for X- Ray, Diagnostic radiology services \$20-\$275	\$0 for Diagnostic test & procedures, X- Ray, Lab Service \$0-200 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, \$60 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service \$60 for Diagnostic radiology services	\$0 for Diagnostic test & Lab Service, X - rays, \$60 for Diagnostic radiology services.
<b>Prescription Drugs Copay</b>	Tier 1: Preferred generic: \$5 Tier 2: Non – preferred generic: \$18 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% Tier 6: Vaccines :\$0 Chemo and Part B covered drugs: \$0-47 or 0 - 20%, Part B Insulin \$13 - 35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$7 Tier 3: Preferred brand: \$47 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 33% Tier 6: Vaccines: \$0 Chemo and Part B covered drugs: \$0-47 copay or 0-20% Part B Insulin \$7-35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: 50% coinsurance Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 0 - 20% Part B Insulin 0-20% up to \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: 50% coinsurance Tier 5: Specialty: 25% coinsurance Chemo and Part B covered drugs: 0 - 20% Part B Insulin 0-20% up to \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: 50% coinsurance Tier 5: Specialty: 33% coinsurance Chemo drugs and 0-20%, Part B covered drugs 0–20% Part B Insulin 0-20% up to \$35
<b>Other</b>	Preventive dental \$0-\$20, Comprehensive dental varies, optional \$21 package for wellness programs, eyewear, hearing exams, and hearing aids; Eye exam: \$10, some fitness, some telehealth, some acupuncture, some over the counter drug benefits	Preventive dental: \$0 in-network Comprehensive dental some Eye exam: \$0, some fitness, some telehealth, some acupuncture, some over the counter drug benefits. optional \$21 package for wellness programs, eyewear, hearing exams, and hearing aids;	Hearing exam: \$0, Hearing aids: \$550-850, Eye exam: \$0, Eyeglasses: \$0, most preventive dental: \$0 in-network, some comprehensive dental, some fitness, some telehealth, some chiropractic, some acupuncture, Optional package \$ 10	Hearing exam: \$0, Hearing aids: \$550-850, Eye exam: \$0, Eyeglasses: \$0, most preventive dental: \$0 in-network, some comprehensive dental, some chiropractic, some acupuncture, some fitness, some telehealth, Optional package \$ 10	Hearing exam: \$0 Hearing aids \$550-850 both are in network, most preventive dental: \$0 in-network, some comprehensive dental with copay, Eye exam: \$ 0 copay, Eyeglasses: \$0, some fitness, some chiropractic, some acupuncture, some telehealth. Optional package \$55

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Plan Name	SCAN Allied Plan ID: H5425-118-0	Alignment Health Harmony Plan ID: H3815-031-0	Alignment Health My Choice CalPlus Plan ID: H3815-007-0	Alignment Health Heroes+ Plan ID: H3815-043-0	Alignment Health Sutter Advantage Plan ID: H3815-023-0
<b>Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0 premium, \$590 drug deductible</b>	<b>\$48.00</b>
<b>Website</b>	<a href="https://www.scanhealthplan.com">https://www.scanhealthplan.com</a>	<a href="https://www.alignmenthealthplan.com">https://www.alignmenthealthplan.com</a>	<a href="https://www.alignmenthealthplan.com">https://www.alignmenthealthplan.com</a>	<a href="https://www.alignmenthealthplan.com">https://www.alignmenthealthplan.com</a>	<a href="https://www.alignmenthealthplan.com">https://www.alignmenthealthplan.com</a>
<b>MOOP</b>	\$2,900 In – network	\$3,400 In – network	\$3,499 In – network	\$5,900 In-network	\$3,900 In-network
<b>Contact</b>	1-800-559-3500 Current Member 1-888-315-7226 Prospective Member	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-866-634-2247 Current Members 888-979-2247 Prospective Member 1-	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member
<b>Network Provider</b>	Brown & Toland, All American Medical group, Access primary care medical group	Brown & Toland	Brown & Toland	Brown & Toland	Sutter
<b>Network Hospital</b>	CPMC, UCSF, St. Mary's, St. Francis, Chinese hospital	CPMC	CPMC	None in SF, Call Plan	CMPC
<b>Physician Visit</b>	\$0 primary. \$10 specialist	\$0 primary. \$0 specialist	\$0 primary. \$0 specialist	\$0 primary care. \$0 specialist.	\$5 primary care. \$25 specialist.
<b>Inpatient Visit</b>	\$200 per day for days 1 through 5 \$0 per day for days 6 through 90	\$100 per day for days 1 through 5 \$0 per day for days 6 through 90	\$0 per day for days 1 through 4 \$100 per day for days 5 through 10 \$0 per day for days 11 through 90	Coming soon	\$225 per day for days 1 through 5 \$0 per day for days 6 through 90
<b>Outpatient Surgery</b>	\$0 – 200	\$200 copay per visit	\$200 copay per visit	\$0	\$250 copay per visit
<b>DME</b>	DME: 0-20% per item, Dialysis in-network: 20% per item, Prosthetics: 0-20% Diabetes: \$0	DME: 20% per item, Dialysis in-network: \$30 in-network, Prosthetics: 20% per item Diabetes: \$0	DME: 20% per item, Dialysis in - network: 20%, Prosthetics: 20% per item, Diabetes: \$0	DME: 20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item , Diabetic \$ 0 copay	DME: 0-20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
<b>Mental Health</b>	Outpatient group/individual therapy: \$15	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with a psych: 20% coinsurance Outpatient group/individual therapy: 20% coinsurance	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$0
<b>Ambulance Service</b>	\$175	\$175	\$175	20% coinsurance	\$250
<b>Emergency Service</b>	\$140 Emergency care. \$0 Urgent care.	\$100 Emergency care. \$0 Urgent care.	\$85 Emergency care. \$0 Urgent care.	20% coinsurance per visit for Emergency care , Urgent care.	\$90 Emergency care. \$0 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, \$ 60 for 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 & procedures, X-Ray, Lab Service, Diagnostic radiology services	\$0 for Diagnostic test & procedures, \$15 for X- Ray, \$0 Lab Service. \$150 for Diagnostic radiology services
<b>Prescription Drugs Copay</b>	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$42 Tier 4: Non – preferred brand: 50% coinsurance Tier 5: Specialty: 33% coinsurance Chemotherapy 0-20% Other Part B covered drugs: 0-20% Part B insulin: 0-20% coinsurance (up to \$35)	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 Select Care Drugs: \$5 Chemo and Part B covered drugs: 0-20% Part B Insulin 0-20% up to \$35	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 Select Care Drugs: \$5 Chemo and Part B covered drugs: 0-20% Part B Insulin 0-20% up to \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: 25% coinsurance Tier 4: Non – preferred brand: 25% coinsurance Tier 5: Specialty: 25% coinsurance Select Care Drugs: \$5 Chemo and Part B covered drugs: 0-20% Part B Insulin 0-20% up to \$35	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% Select Care Drugs: \$5 Chemo and Part B covered drugs: 0-20% coinsurance Part B Insulin 0-20% up to \$35
<b>Other</b>	Preventive dental: \$0, some comprehensive dental: \$0 Hearing exam: \$0, Hearing aids: \$ 550-850 copay, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some acupuncture, some OTC drug benefits	Preventive dental: \$0; some comprehensive dental: copay varies Hearing exam: \$0, Hearing aids: \$195-\$1750, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some OTC drug benefits, some acupuncture. Optional \$36 comprehensive dental package	Preventive dental: \$0; some comprehensive dental: copay varies Hearing exam: \$0, Hearing aids: \$195-1750, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some OTC drug benefits Optional \$36 comprehensive dental package	Preventive dental: \$0; some comprehensive dental: \$0 Hearing exam: \$ 0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some OTC, some massage therapy. Optional \$36 comprehensive dental package	Hearing exam: \$0, Eye exam: \$0, Eyeglasses: \$0 Preventative dental \$0, some comprehensive dental: copay varies some fitness, some OTC drug benefits, some telehealth. Optional \$36 comprehensive dental package

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## 2025 San Francisco Medicare Advantage Plans - HMO

Plan Name	Imperial health Plan of California, Inc.				Chinese Community Health Plan
	Imperial Dynamic Plan Plan ID: H5496-012-0	Imperial Traditional Plan ID: H5496-007-0	Imperial Courage Plan Plan ID: H5496-016-0	Imperial Giveback Plan ID: H5496-014-0	CCHP Senior Program (H0571-001-0)
<b>Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0 (No drug coverage)</b>	<b>\$0 (Part B Premium Reduction , \$590 drug deductible)</b>	<b>\$21.00</b>
<b>Website</b>	<a href="https://imperialhealthplan.com">https://imperialhealthplan.com</a>	<a href="https://imperialhealthplan.com">https://imperialhealthplan.com</a>	<a href="https://imperialhealthplan.com">https://imperialhealthplan.com</a>	<a href="https://imperialhealthplan.com">https://imperialhealthplan.com</a>	<a href="https://cchphealthplan.com">https://cchphealthplan.com</a>
<b>MOOP</b>	\$297 In – network	\$1,499 In – network	\$2,999 In – network	\$9,350 In – network	\$6,700 In-network
<b>Contact</b>	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
<b>Network Provider</b>	Imperial Health Holdings Medical Group, Access Primary Care Medical Group	Imperial Health Holdings Medical Group, Access Primary Care Medical Group	Imperial Health Holdings Medical Group, Access Primary Care Medical Group	Imperial Health Holdings Medical Group, Access Primary Care Medical Group	Jade Medical Group, Access Primary Care Medical Group, Hill Physicians
<b>Network Hospital</b>	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis
<b>Physician Visit</b>	\$0 primary care. \$0 specialist.	\$0 primary care. \$0 specialist.	\$0 primary care. \$5 specialist.	20% primary. 20% specialist	\$0 primary care. \$15 specialist.
<b>Inpatient Visit</b>	\$0 per day for days 1 through 90	\$0 per day for days 1 through 3 \$150 per day for days 4 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	Coming soon	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
<b>Outpatient Surgery</b>	<b>\$100</b>	<b>\$100</b>	<b>\$200.00</b>	<b>20%</b>	<b>\$100-310</b>
<b>DME</b>	DME: 20% per item, Dialysis in-network: 20% coinsurance, Prosthetics: 20% per item, Diabetes: \$0.	DME: 20% per item, Dialysis in-network: 20% coinsurance, 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% in-network, Prosthetics: 20% per item, Diabetes: 20% per item	DME: 20% per item, Dialysis in - network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.
<b>Mental Health</b>	Outpatient group therapy with a psych: \$0 Outpatient individual therapy with a psych: \$0 Outpatient group therapy: 20% Outpatient individual therapy: 20%	Outpatient group therapy with a psych: \$0 Outpatient individual therapy with a psych: \$0 Outpatient group therapy: 20% Outpatient individual therapy: 20%	Outpatient group therapy with a psych: \$0 Outpatient individual therapy with a psych: \$0 Outpatient group therapy: 20% Outpatient individual therapy: 20%	Outpatient group therapy with a psych: 20% Outpatient individual therapy with a psych: 20% Outpatient group therapy: 20% Outpatient individual therapy: 20%	Outpatient group/individual therapy with a psych: \$15 Outpatient group/individual therapy: \$15
<b>Ambulance Service</b>	<b>\$150.00</b>	<b>\$150.00</b>	<b>\$150</b>	<b>20% coinsurance</b>	<b>\$265.00</b>
<b>Emergency Service</b>	\$125 Emergency care. \$0 Urgent care.	\$125 Emergency care. \$0 Urgent care.	\$125 Emergency care. \$0 Urgent care.	20% Emergency care. 20% Urgent care.	\$90 Emergency care. \$45 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	\$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% coinsurance 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
<b>Prescription Drugs Copay</b>	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$6 Tier 3: Preferred brand: \$45 Tier 4: Non – preferred brand: \$90 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 0-20% coinsurance Part B Insulin: \$0	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: \$45 Tier 4: Non – preferred brand: \$90 Tier 5: Specialty: 33% coinsurance Chemo and Part B covered drugs: 0- 20% Part B Insulin: \$0	Chemo and Part B covered drugs: 0-20% Part B Insulin: \$0	Brand-name drugs: 25% coinsurance Generic drugs: 25% coinsurance Chemo and Part B covered drugs: 0-20% Part B Insulin: \$0	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: 0-20% Part B Insulin \$35
<b>Other</b>	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0 Eyeglasses: \$0, some fitness, some telehealth, some OTC drug benefits Preventative dental \$0, some comprehensive \$0.	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0; Eyeglasses: \$0, some fitness, some telehealth, some OTC drug benefits Preventative dental \$0, some comprehensive \$0.	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, telehealth, meals & OTC Preventative dental \$0, some comprehensive \$0.	Hearing exam: \$0, hearing aid: \$0 Eye exam: \$0, Eyeglasses: \$0, some telehealth, OTC. Preventative dental \$0, some comprehensive \$0.	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$20, Eyeglasses: \$0, most preventive dental: \$0, some acupuncture, some fitness, some telehealth. Optional dental comprehensive package: \$10.

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## 2025 San Francisco Medicare Advantage Plans - HMO

Plan Name	Central Health Medicare Plan			Wellcare	
	Central Health Valor Care Plan Plan ID: H5649-030-0	Central Health Classic Care Plan II Plan ID: H5649-028-0	Central Health Premier Plan I Plan ID: H5649-023-0	Wellcare Simple Focus (H0562-097-0)	Wellcare Premium Ultra (H0562-009-0)
<b>Monthly Premium</b>	\$0 (Part B Premium Reduction, no drug coverage)	\$0 (\$100 drug deductible)	\$0 (\$100 drug deductible)	\$0 (\$420 drug deductible)	\$144 monthly premium, \$100 deductible (\$420 drug deductible)
<b>Website</b>	<a href="https://www.centralhealthplan.com">https://www.centralhealthplan.com</a>	<a href="https://www.centralhealthplan.com">https://www.centralhealthplan.com</a>	<a href="https://www.centralhealthplan.com">https://www.centralhealthplan.com</a>	<a href="https://wellcare.healthnetcalifornia.com">https://wellcare.healthnetcalifornia.com</a>	<a href="https://wellcare.healthnetcalifornia.com">https://wellcare.healthnetcalifornia.com</a>
<b>MOOP</b>	\$4,999 In-network	\$2,499 In-network	\$2,999 In-network	\$6,750 In-network	\$9,350 In-network
<b>Contact</b>	1-866-314-2427 Current Members 1-888-714-7550 Prospective Member	1-866-314-2427 Current Members 1-888-714-7550 Prospective Member	1-866-314-2427 Current Members 1-888-714-7550 Prospective Member	1-800-275-4737 Current Members 1-800-225-8017 Prospective Member	1-800-275-4737 Current Members 1-800-225-8017 Prospective Member
<b>Network Provider</b>	Molina Healthcare of Ca., call plan	Molina Healthcare of Ca., call plan	Molina Healthcare of Ca., call plan	All American Medical Group, Golden Bay/NEMS, Brown & Toland	Brown and Toland, AAMG, Hills Physicians, PAMF
<b>Network Hospital</b>	Sutter Bay, CPMC, UCSF, St. Mary's, Seton	Sutter Bay, CPMC, UCSF, St. Mary's, Seton	Sutter Bay, CPMC, UCSF, St. Mary's, Seton	CPMC-Davies, Mission Bernal and Van Ness, St Mary's, St Francis	HillsPhysicians -UCSF, CPMC, St Mary's, St. Francis
<b>Physician Visit</b>	\$0 primary care. \$0 specialist.	\$0 primary. \$10 specialist	\$0 primary. \$0 specialist	\$0 primary care. \$0 specialist.	\$0 primary. \$15 specialist
<b>Inpatient Visit</b>	\$285 per day for days 1 through 6 \$0 per day for days 7 through 90	\$150 per day for days 1 through 6 \$0 per day for days 7 through 90	\$0 per day for days 1 through 4 \$100 per day for days 5 through 10 \$0 per day for days 11 through 90	\$350 per day for days 1 through 5 \$0 per day for days 6 through 90	\$350 per day for days 1 through 7 \$0 per day for days 8 through 90 \$0 per day for days 91 through 100
<b>Outpatient Surgery</b>	\$0-295 copay per visit	\$0-250 copay per visit	\$0-225 copay per visit	\$0-250 copay per visit	\$0-375
<b>DME</b>	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:0-20% per item, Prosthetics: 20% per item, Dialysis In-network: 20%, Diabetes: \$0.	DME 20%, Prosthetics 20%, Dialysis In-network: 20%, Diabetes: \$0.	DME, Prosthetics, Dialysis In-network: 20%, Diabetes: \$0.
<b>Mental Health</b>	Outpatient group/individual with psych therapy \$0 Outpatient group/individual with no psych therapy: \$0	Outpatient group therapy with a psych: 20% Outpatient individual therapy with a psych: \$10 Outpatient group therapy: 20% Outpatient individual therapy: \$10	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$40	Outpatient group/individual therapy: \$25 with or without psychiatrist	Outpatient group/individual therapy: \$25 with or without psychiatrist
<b>Ambulance Service</b>	\$0-275	\$0-250	\$0-300	\$275.00	\$300.00
<b>Emergency Service</b>	\$0-125 Emergency care. \$0 Urgent care.	\$0-140 Emergency care. \$0 Urgent care.	\$0-125 Emergency care. \$0 Urgent care.	\$125 Emergency care. \$25 Urgent care	\$110 Emergency care. \$25 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services \$0-100	\$0 for Diagnostic test & procedures, X-Ray, Lab Service; \$0-200 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, X-Ray, Lab Service; \$0-150 for Diagnostic radiology services	\$0-25 for Diagnostic test & procedures \$25 X-Ray, \$0-50 Lab Service, \$0-\$250 for Diagnostic radiology services	\$0 for Diagnostic test & procedures, \$100 X-Ray, \$0-50 Lab Service, \$0-375 for Diagnostic radiology services
<b>Prescriptions Drugs Copay</b>	No Part D drug coverage Chemo and Part B covered drugs: 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$35 Tier 4: Non – preferred brand: \$100 Tier 5: Specialty: 31% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$35 Tier 4: Non – preferred drug: \$75 Tier 5: Specialty: 31% coinsurance Tier 6: Select care: \$0 Chemotherapy 0-20% Other Part B covered drugs 0-20% Part B insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 38% Tier 5: Specialty: 28% Tier 6: Select care: \$0 Chemo and Part B covered drugs: 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 50% Tier 5: Specialty: 28% coinsurance Tier 6: Select care: \$0 Chemo and Part B covered drugs: 0-20% Part B Insulin \$35
<b>Other</b>	Hearing exam: \$0, Hearing aids: \$49-\$1549, Eye exam: \$0, Eyeglasses: \$0 Preventative dental \$0, Comprehensive dental varies, some fitness, some telehealth, some chiropractic, some acupuncture, optional comprehensive dental package \$21	Hearing exam: \$0, Hearing aids: \$575-\$2099, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, some acupuncture, OTC drugs, optional comprehensive dental package \$21	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some acupuncture, OTC drugs. Preventive dental varies copay, comprehensive varies copay, optional comprehensive dental package \$45	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0 Preventative dental \$0, Comprehensive varies some fitness, some telehealth, some chiropractic, some acupuncture.	Hearing exam: \$0, Hearing aids: \$0 Eye exam: \$0, Eyeglasses \$0 some fitness, some telehealth Preventive dental \$0, Comprehensive varies

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## 2025 San Francisco Medicare Advantage Plans - HMO/POS

	Align Senior Care	Chinese Community Health Plan	Aetna		
Plan Name	Advantage Care (HMO) Plan ID: H3274-005-0	CCHP Senior Value Program (HMO) Plan ID: H0571-007-0	Aetna Medicare Select (HMO-POS) Plan ID: H0523-070-0	Aetna Medicare Plus (HMO-POS) Plan ID: H4982-007-0	Aetna Medicare Value Plus (HMO-POS) Plan ID: H0523-076-0
<b>Monthly Premium</b>	<b>\$0 (Part B Premium Reduction)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0 (\$590 drug deductible)</b>	<b>\$5.90 (250 drug deductible)</b>
<b>Website</b>	<a href="https://www.alignseniorcare.com">https://www.alignseniorcare.com</a>	<a href="https://cchphealthplan.com">https://cchphealthplan.com</a>	<a href="https://www.aetna.com">https://www.aetna.com</a>	<a href="https://www.aetna.com">https://www.aetna.com</a>	<a href="https://www.aetna.com">https://www.aetna.com</a>
<b>MOOP</b>	\$1,900 In-network	\$7,550 In-network	\$2,500 In-network	\$3,400 In-network	\$2,500 In-network
<b>Contact</b>	1-844-305-3879 Current Members 1-844-305-3879 Prospective Member	1-888-775-7888 Current Members 1-888-681-3888 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 Caution: low rating from Medicare.gov; At least three years in a row	1-833-570-6670 Current Members 1-833-859-6031 Prospective Member
<b>Network Provider</b>	Call Plan	Jade Medical Group, Access Primary Care Medical Group, Hill Physicians	Call Plan	Call Plan	Call Plan
<b>Network Hospital</b>	Call Plan	Chinese Hospital, CPMC, UCSF, St. Mary's, St. Francis	Call Plan	Call Plan	Call Plan
<b>Physician Visit</b>	\$0 primary care. \$0 specialist.	\$0-5 primary. \$20 specialist	\$0 primary. \$0 specialist	\$0 primary. \$0 specialist	\$0 primary. \$0 specialist
<b>Inpatient Visit</b>	\$0 copay per stay	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	In-network: \$245 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: Not Applicable	\$150 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: Not Applicable	\$250 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: Not Applicable
<b>Outpatient Surgery</b>	\$0-225 copay per visit	\$230-310	\$0-125 copay per visit	\$0-125	\$0-125
<b>DME</b>	DME 20% per item, Prosthetics 20% per item Dialysis 20%, Diabetes: \$0	DME: 20% per item, Dialysis in - network: 20% coinsurance, Prosthetics: 20% per item, Diabetic: \$0.	DME: 0-20% per item, Prosthetics: 20% per item, Dialysis In-network: 20%, Diabetes: 0-20% coinsurance per item.	DME: 0-20% per item, Prosthetics: 20% per item, Dialysis In-network: 20%, Diabetes: 0-20% coinsurance per item.	DME: 0-20% per item, Prosthetics: 20% per item, Dialysis In-network: 20%, Diabetes: 0-20% coinsurance per item.
<b>Mental Health</b>	Outpatient with a psych: 20% Outpatient without psych: \$0	Outpatient group/individual therapy with a psych: \$20 Outpatient group/individual therapy: \$20	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$40	Outpatient group/individual therapy with a psych: \$0 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with/without a psych: \$40
<b>Ambulance Service</b>	\$125.00	\$265.00	\$295.00	\$325.00	\$295
<b>Emergency Service</b>	\$90 Emergency care. \$40 Urgent care.	\$90 Emergency care. \$45 Urgent care.	\$140 Emergency care. \$0 Urgent care.	\$140 Emergency care. \$0 Urgent care.	\$140 Emergency care. \$0 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	20% for Diagnostic test & procedures, Diagnostic radiology services \$0 for X-Ray, Lab Service	\$0 for Diagnostic test & procedures, X-Ray, Lab Service. \$200 for Diagnostic radiology services	Diagnostic, test & Lab Service: \$0 Diagnostic Radiology \$0, X-Ray \$0	Diagnostic, test & Lab Service: \$0 Diagnostic Radiology \$0, X-Ray \$0	\$0 for Diagnostic test & procedures, X-Ray, Lab Service, Diagnostic radiology services
<b>Prescription Drugs Copay</b>	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: \$45 Tier 4: Non – preferred brand: \$95 Tier 5: Specialty: 25% coinsurance Chemo and Part B covered drugs: 0-20% Part B Insulin: 0-20% coinsurance (up to \$35)	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: \$35 Tier 4: Non – preferred brand: \$75 Tier 5: Specialty: 30% coinsurance Chemo and Part B covered drugs: 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$5 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 35% Tier 5: Specialty: 33% coinsurance Chemo therapy 0-20% Other Part B 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: 24% Tier 4: Non – preferred brand: 25% Tier 5: Specialty: 25% coinsurance Chemo therapy 0-20% Other Part B 0-20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$10 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 26% Tier 5: Specialty: 30% coinsurance Chemo therapy 0-20% Other Part B 0-20% Part B Insulin \$35
<b>Other</b>	Hearing aids - over the counter: in-network \$0, Preventative dental \$0, Comprehensive \$0 Eye exam: \$0, Eyeglasses: \$0 some chiropractic, some acupuncture, some OTC, some telehealth, some transportation	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$35, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic and acupuncture; Preventive dental \$0, optional comprehensive dental package: \$10	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, some chiropractic, acupuncture, OTC drugs, Preventive dental, some comprehensive \$0 in-network, 20% coinsurance out-of-network	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, some fitness, some telehealth, some chiropractic, acupuncture, OTC drugs, Preventive dental, some comprehensive dental \$0 in-network, 20% coinsurance out-of-network	Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth, OTC, chiropractic, acupuncture, Preventive dental, some comprehensive dental \$0 in-network, 20% coinsurance out-of-network

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Draft: 10/21/2024

## 2025 San Francisco Medicare Advantage Plans - HMO-POS

	Alignment	Anthem Blue Cross Partnership Plan	Anthem Blue Cross	United Healthcare
<b>Plan Name</b>	Alignment Health Platinum + Instacart (H3815-016-0) (HMO-POS)	Anthem Prime (HMO-POS) Plan ID: H4161-004-0	Anthem Select (HMO-POS) Plan ID: H0544-069-0	AARP Medicare Advantage from UHC CA-9P (HMO-POS) Plan ID: H0543-191-0
<b>Monthly Premium</b>	\$0.00	0.00	\$0.00	49 (\$340 drug deductible)
<b>Website</b>	<a href="https://www.alignmenthealthplan.com">https://www.alignmenthealthplan.com</a>	<a href="https://shop.anthem.com/">https://shop.anthem.com/</a>	<a href="https://shop.anthem.com/">https://shop.anthem.com/</a>	<a href="https://www.aarpmedicareplans.com">https://www.aarpmedicareplans.com</a>
<b>MOOP</b>	\$998 In-network	\$2,500 In-network	\$7,550 In-network	\$3,400 In-network
<b>Contact</b>	1-866-634-2247 Current Members 1-888-979-2247 Prospective Member	1-833-707-3130 Current Members 1-833-668-2201 Prospective Member	1-800-499-2793 Current Members 1-833-668-2341 Prospective Member	1-866-261-7709 Current Members 1-800-555-5757 Prospective Member
<b>Network Provider</b>	Brown & Toland, Call Plan	Brown & Toland, Call Plan	Brown & Toland, Call Plan	Canopy Health -Hills Physian Group SF
<b>Network Hospital</b>	CPMC	Chinese Hospital, CPMC, St. Mary's, St. Francis, Call Plan	Chinese Hospital, CPMC, St. Mary's, St. Francis, Call Plan	UCSF, St Mary, St Francis,
<b>Physician Visit</b>	\$0 primary care. \$0 specialist.	\$0 primary. \$25 specialist	\$5 primary care. \$20 specialist.	In-network: Primary \$0, Specialist \$0-10
<b>Inpatient Visit</b>	In-network: \$0 per day for days 1 through 3 \$50 per day for days 4 through 7 \$0 per day for days 8 through 90 Out-of-network: \$0 per day for days 1 through 3 \$50 per day for days 4 through 7 \$0 per day for days 8 through 90	In-network: \$250 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: Not Applicable	In-network: \$360 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: Not Applicable	In-network: \$395 per day for days 1 through 6 \$0 per day for days 7 through 90 \$0 per day for days 91 and beyond Out-of-network: Not Applicable
<b>Outpatient Surgery</b>	\$85/visit	\$0-250	In – network: \$0 – 350	In-network: \$0-395 copay per visit
<b>DME</b>	DME: 0-20% per item, Prosthetics: 20% per item, Dialysis: \$30, Diabetic: \$0	DME: 0-20% per item, Dialysis 20% Prosthetics: 20% per item, Diabetic: \$0	In – network: DME: 0-20% per item, Dialysis: 20% coinsurance, Prosthetics: \$0 or 20% coinsurance per item per item, Diabetic: \$0.	In-network: 20% for DME, Prosthetics& Dialysis,\$0 for Diabetes
<b>Mental Health</b>	Outpatient group/individual therapy with a psych: \$20 Outpatient group/individual therapy: \$0	Outpatient group/individual therapy with a psych: \$40 Outpatient group/individual therapy: \$40	Outpatient group therapy with a psych: \$40 Outpatient individual therapy with a psych: \$40 Outpatient group therapy: \$40 Outpatient individual therapy: \$40	In-network: Outpatient group w psych \$15, individual w psych \$0-25 Outpatient group visit: \$15,Outpatient individual visit: \$0-25
<b>Ambulance Service</b>	\$75.00	\$250.00	\$300.00	In-network: \$290 copay
<b>Emergency Service</b>	\$90 Emergency care. \$0 Urgent care.	\$90 Emergency care. \$35 Urgent care.	\$90 Emergency care. \$35 Urgent care.	\$140 Emergency care. \$0-65 Urgent care.
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	\$0 for Diagnostic test , \$0 Lab \$0 X-Ray, \$0 Radiology services	In – network: \$0-50 for Diagnostic test & procedures \$0-10 for Lab Service, \$10 for X-Ray \$10 - 175 for Diagnostic radiology services	In – network: \$0-120 for Diagnostic test & procedures \$0-5 for Lab Service, \$0-50 for X-Ray \$0 - 165 for Diagnostic radiology services	In – network: \$0 for Diagnostic test & procedures \$0 for Lab Service, \$25 for X-Ray \$0 - 95 for Diagnostic radiology services
<b>Prescription Drugs Copay</b>	Catastrophic Coverage 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 Select care drugs: \$5 Chemo, other Part B 0-20% Part B Insulin 0-20% up to \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$3 Tier 3: Preferred brand: 20% Tier 4: Non – preferred brand: 35% Tier 5: Specialty: 33% Chemo and Part B covered drugs: 0- 20% Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$7 Tier 3: Preferred brand: 20% Tier 4: Non – preferred brand: 35% Tier 5: Specialty: 33% Chemo drugs: 0- 20% coinsurance Part B covered drugs: 0 – 20% Part B Insulin \$35	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: 29% Chemo drugs: 0- 20% coinsurance Part B covered drugs: 0 – 20% Part B Insulin: 0-20% coinsurance (up to \$35)
<b>Other</b>	Hearing exam: \$0, Hearing aids: \$195-1750 Preventive dental \$10-30, some comprehensive dental: copay varies Eye exam: \$0, Eyeglasses: \$0 some chiropractic, some acupuncture, some transportation, some OTC drug benefits, some telehealth	Preventive dental: \$0 in-network, 20% out-of-network, Comprehensive \$0, Hearing exam: \$0, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, telehealth, transportation,OTC, optional \$33, \$51, \$13 package for comprehensive dental services, eyewear, and pos option	Hearing exam: \$0 copay, Hearing aids: \$0, Eye exam: \$0, Eyeglasses: \$0, some fitness, some telehealth., some acupuncture some preventive dental \$0 in-network, 20% out-of-network, optional \$33, \$51, \$13 package for comprehensive dental services, eyewear, and pos option	In-network : Hearing exam \$0, Hearing aids: \$199- \$1249 (prescription), \$99-\$829 (OTC) Eye exam: \$0, preventive dental \$0, some comprehensive dental \$0 or 0%-50% coinsurance Some Fitness, telehealth, home and bathroom safety devices

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## 2025 San Francisco Medicare Advantage Plans - PPO

	Aetna			Anthem
Plan Name	Aetna Medicare Eagle Plus Plan (H5521-369-0)	Aetna Medicare Core II Plan ID: H5521-581-0	Aetna Medicare Core Plan ID: H5521-425-0	Anthem Medicare Advantage Plan ID: H8552-029-0
<b>Monthly Premium</b>	<b>\$0.00</b> (without drug coverage)	<b>\$46</b> (\$590 drug deductible)	<b>\$0</b> (\$590 drug deductible)	<b>\$44</b> (\$590 annual deductible, \$575 drug deductible)
<b>Website</b>	<a href="https://www.aetnamedicare.com">https://www.aetnamedicare.com</a>	<a href="https://www.aetnamedicare.com">https://www.aetnamedicare.com</a>	<a href="https://www.aetnamedicare.com">https://www.aetnamedicare.com</a>	<a href="https://shop.anthem.com">https://shop.anthem.com</a>
<b>MOOP</b>	\$9,500 In and Out-of-network\$6,750 In-network	\$8,700 In and Out-of-network\$4,900 In-network	\$8,950 In and Out-of-network\$5,900 In-network	\$13,300 In and Out-of-network\$8,850 In-network
<b>Contact</b>	1-800-282-5366 Current Members 1-833-859-6031 Prospective Member	1-800-282-5366 Current Members 1-833-859-6031 Prospective Member	1-800-282-5366 Current Members 1-833-859-6031 Prospective Member	1-877-811-3107 Current Members 1-833-668-2350 Prospective Member
<b>Network Provider</b>	Call Plan	Call Plan	Call Plan	Call Plan
<b>Network Hospital</b>	Call Plan	Call Plan	Call Plan	CPMC, Chinese Hospital, St Francis, St Mary, Call Plan
<b>Physician Visit</b>	Primary: In-network: \$0 copay, Out-of-network: 50% coinsurance Specialist: In-network: \$0-40 copay Out-of-network: 50% coinsurance	Primary: In-network: \$0 copay, Out-of-network: \$15 copay per visit Specialist: In-network: \$30 copay per visit Out-of-network: \$55 copay per visit	Primary: In-network: \$0 copay, Out-of-network: \$25 copay per visit Specialist: In-network: copay per visit \$0-\$30 Out-of-network: \$65 copay per visit	Primary: In-network: \$10 copay per visit Out-of-network: \$30 copay per visit Specialist: In-network: \$30 copay per visit Out-of-network: \$50 copay per visit
<b>Inpatient Visit</b>	In-network: \$430 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: \$550 per day for days 1 through 5 \$0 per day for days 6 through 90	In-network: \$375 per day for days 1 through 6 \$0 per day for days 7 through 90 Out-of-network: \$500 per day for days 1 through 10 \$0 per day for days 11 through 90	In-network: \$345 per day for days 1 through 4 \$0 per day for days 5 through 90 Out-of-network: 50% per stay	In-network: \$215 per day for days 1 - 6 \$0 per day for days 7 - 90 Out-of-network: 40% per stay
<b>Outpatient Surgery</b>	In-network: \$0-350 Out-of-network: 50% coinsurance	In-network: \$0-400 Out-of-network: \$500	In-network: \$0-325 Out-of-network: 50% per stay	In-network: \$0-175 copay per visit Out-of-network: 40% coinsurance
<b>DME</b>	In-network: DME 0-20%, Prosthetics, Dialysis: 20% coinsurance per item; Diabetes: 0 – 20%. Out-of-network: DME& Prosthetics 40% coinsurance per item, Dialysis: 50%, Diabetes: 0 – 20%.	In-network: DME 0-20%, Prosthetics, 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% coinsurance per item; Diabetes: 0 – 20%. Out-of-network: DME& Prosthetics 50% 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%.
<b>Mental Health</b>	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: \$40 copay Out-of-network: 50% coinsurance	Outpatient individual/group therapy with a psychiatrist and individual/ group therapy visit In-network: \$20 copay Out-of-network: \$50
<b>Ambulance Service</b>	In-network: \$265 copay Out-of-network: \$265 copay	In-network: \$285 copay Out-of-network: \$285 copay	In-network: \$285 copay Out-of-network: \$285 copay	In-network: \$285 copay Out-of-network: \$285 copay
<b>Emergency Service</b>	\$125 Emergency care. \$40 Urgent care.	\$125 Emergency care. \$40 Urgent care.	\$125 Emergency care. \$40 Urgent care.	\$90 Emergency care. \$30 Urgent care
<b>Diagnostic Test, X-Ray &amp; Lab Services</b>	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 & procedures, \$0 for X- Ray, Lab Service, \$0 – 250 for Diagnostic radiology services Out – of – network: \$55 for Lab service, 45% coinsurance for Diagnostic test & procedures, \$50 for X-Ray, \$350 for Diagnostic radiology services	In – network: \$0 for Diagnostic test & procedures, \$0 for X- Ray, Lab Service, \$0 – 200 for Diagnostic radiology services Out – of – network: \$65 for Lab service, 50% coinsurance for Diagnostic test & procedures, \$50 for X-Ray, 50% for Diagnostic radiology services	In-network: \$0-50 for Diagnostic test & procedures, \$0 for Lab Services, \$20 for X- Ray, \$0-50 for Diagnostic radiology services Out-of-network: 40% coinsurance
<b>Prescription Drugs Copay</b>	No drug coverage 0-20% for In-network Part B-covered drugs and chemo Part B Insulin \$35 50% for Out-of-network Part B-covered drugs and chemo Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: 22% Tier 4: Non – preferred brand: 25% Tier 5: Specialty: 25% coinsurance 0-20% for In-network Part B-covered drugs and chemo, Part B Insulin \$35 45% for Out-of-network Part B-covered drugs and chemo. Part B Insulin \$35	Tier 1: Preferred generic: \$0 Tier 2: Non – preferred generic: \$0 Tier 3: Preferred brand: 24% Tier 4: Non – preferred brand: 25% Tier 5: Specialty: 25% coinsurance 0-20% for In-network Part B-covered drugs and chemo, Part B Insulin \$35 50% for Out-of-network Part B-covered drugs and chemo. Part B Insulin \$35	Tier 1: Preferred generic: \$5 Tier 2: Non – preferred generic: \$12 Tier 3: Preferred brand: 25% Tier 4: Non – preferred brand: 25% Tier 5: Specialty: 25% coinsurance Tier 6: Select care: \$0 0-20% for In-network Part B-covered drugs and chemo. Part B Insulin \$35 \$35 or 0-40% for Out-of-network Part B-covered drugs and chemo. Part B Insulin \$35 or 0-40%
<b>Other</b>	In-network: Preventive dental, some 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 50%, Hearing aids, Eyeglasses: \$0. Hearing exam, Eye exam: 45% some fitness, some telehealth, OTC	In-network: Preventive dental, Comprehensive dental, Hearing exam, Hearing aids, Eye exam. Out-of-network: Preventive dental, Comprehensive dental 50%, Hearing aids. Hearing exam, Eye exam: 50% some fitness, some telehealth, OTC	In-network : \$0 for Eye exam, Eyeglasses, Hearing exam & Hearing aids, Preventive dental & Comprehensive dental Out-of-network: Hearing exam 20%, \$0 for Eye exam, Eyeglasses & Hearing aids, 20% for preventive dental, 50% for comprehensive dental some fitness, some telehealth Optional dental packages: \$36, \$58, \$23

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